




STV Incorporated



Carter Goble Lee

			FINAL REPORT
MASSACHUSETTS DIVISION OF CAPITAL ASSET MANAGEMENT			A System Master Plan for Massachusetts Corrections
	CORRECTIONS MASTER PLAN DOC 0801ST1		The Corrections Master Plan The Final Report





DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

The Commonwealth of Massachusetts
Executive Office for Administration and Finance
Division of Capital Asset Management
One Ashburton Place

Boston, Massachusetts 02108

Tel: (617) 727-4050

Fax: (617) 727-5363

JAY GONZALEZ
SECRETARY, ADMINISTRATION
& FINANCE

CAROLE CORNELISON
COMMISSIONER

January 17, 2012

Secretary Mary Elizabeth Heffernan
Executive Office of Public Safety and Security
One Ashburton Place 21st floor
Boston, Massachusetts 02108

Dear Secretary Heffernan:

After a two year process involving the Department of Correction and the Sheriffs' Departments as well as representatives from ANF and EOPSS, DCAM is pleased to present this Corrections Master Plan. This Corrections Master Plan (CMP) has strategically focused on the system as a whole in order to identify the most cost-effective approach to investing capital dollars in the Massachusetts Correctional System to meet projected needs into 2020 and address current overcrowding. With limited resources, a comprehensive approach towards a more integrated and efficient system is particularly important now.

The CMP is the starting point for transitioning to a more integrated corrections system, not the end product. This Master Plan is not intended to predict and provide answers to all the challenges the corrections system will face in the next 10 years. Rather, it defines a vision and presents data in a framework to quantify needs and illustrate the impact of decisions required to improve circumstances over time.

Building our way out of our challenges is not an option. Continued budgetary constraints require wise decision-making to 'do more with less' but also present the challenge to seek opportunities to better fulfill our mission. To this end, the Corrections Master Plan recommends a more regional, multi-jurisdictional approach to address bedspace shortfalls, add flexibility into the system to respond to changing circumstances, and create a more collaborative environment that perpetuates the sharing of ideas that work.

Pre-release / re-entry preparation is central to the Master Plan's recommended strategy. Better preparation of inmates to reenter communities increases the likelihood of their success, reduces recidivism, and decreases the need to continue to build secure bedspaces that are more costly to build and operate. This comprehensive plan presents a host of recommendations including better use of technology (teleconferencing, tele-medicine, electronic records), investigation into shared resources (web-based transportation scheduling), and centralization of some support services (collective purchasing, sub-acute chronic medical and mental health care).

As budgets and populations grow and shrink, and decisions are made and policies implemented, this framework should be adjusted and the vision continually updated and refined. We present this Master Plan with the hope that it can serve as a powerful working tool for all stakeholders in the decision-making process moving towards a more cost-effective and integrated corrections system.

Sincerely,

Carole Cornelison
Commissioner





TABLE OF CONTENTS

Acknowledgements	ix
Executive Summary	1
INTRODUCTION	1
CURRENT SYSTEM	2
CMP GOALS	3
2020 BEDSPACE PROJECTIONS	3
Bedspace Projection Methodology	3
2020 Bedspace Projection	4
BEDSPACE CAPACITY REDEFINED	4
Design Capacity / Rated Capacity	5
Corrections Master Plan (CMP) Baseline Capacity	5
Potential Capacity	6
2020 BEDSPACE SHORTFALL	6
THE BASIS FOR ELIMINATING BARRIERS TO SYSTEM EFFICIENCY	7
Regions of the Commonwealth	7
ROLES FOR INCARCERATION	8
THE STRATEGIC CAPITAL PLAN	9
SPECIAL CUSTODY POPULATIONS	9
Women Offenders	9
Medical Population	11
Mental Health Population	12
Pre-Release / Reentry Population	13
Sex Offender Treatment Population	15
Summary of Capital Requirements for Special Custody Offenders	16
Civilly Committed Population	17
GENERAL CUSTODY INCARCERATION	17
SUMMARY OF NEW BEDSPACES BY REGION	19
ADDITIONAL STATE-WIDE IMPROVEMENTS	20
Pre-Arrestment Incarceration	20
Technology	21
Inmate Transportation	22
Accessibility	22
Sustainability	23
SUMMARY OF THE 2020 BEDSPACE NEEDS AND COST	25
New Bedspaces and Potential Capacity Improvements	25
Existing Facility Improvements	26
PHASE 1 CAPITAL PLAN	27
Phase 1 – New Bedspaces	27
Phase 1 – Potential Capacity Improvements and Existing Conditions Upgrades	29
PHASE 1 INITIAL STEPS	29
CMP Summary	31



Chapter 1 Clarification of Incarceration Needs	34
CURRENT JURISDICTIONAL RESPONSIBILITIES	34
CURRENT POPULATION	35
BASIC ASSUMPTIONS IMPACTING INCARCERATION / POPULATION PROJECTIONS	35
Incarceration Assumptions	36
System Recommendations	37
BEDSPACE PROJECTION METHODOLOGY	37
BASELINE CAPACITY REDEFINED	39
REGIONS OF THE COMMONWEALTH.....	50
CONCLUSION	52
Chapter 2 Existing Facility Improvements and Repairs	55
BACKGROUND	55
CURRENT SYSTEM	55
CAMIS / DEFERRED MAINTENANCE REQUESTS	56
CRITERIA FOR PRIORITIZING DEFERRED MAINTENANCE REQUESTS	57
POTENTIAL CAPACITY IMPROVEMENTS	58
SIGNIFICANT CONDITION ISSUES	59
REFERENCE SOURCES FOR EXISTING CONDITIONS OF CORRECTIONAL FACILITIES	59
Chapter 3 Opportunities to Reduce Incarceration Needs	61
ROLES FOR INCARCERATION	61
THE BASIS FOR ELIMINATING BARRIERS TO SYSTEM EFFICIENCY.....	64
OPPORTUNITIES FOR A MORE EFFICIENT SYSTEM	64
A MULTI-JURISDICTIONAL APPROACH TO FUNDING THE NEED.....	67
Chapter 4 Master Plan Alternative Strategy Options	69
CMP GOALS	69
STRATEGY OPTIONS OVERVIEW.....	71
GENERAL CUSTODY – MALE	72
Male Pretrial	72
General Population Male Offenders	73
SPECIAL POPULATIONS	75
Pre-Release	75
Women	77
Medical	79
Mental Health	80
ADDITIONAL STATE-WIDE IMPROVEMENTS	81
Pre-arraignment	81
Technology	82
Transportation	83
Chapter 5 The Strategic Capital Plan	84
PART 1: SPECIAL POPULATIONS	85
WOMEN OFFENDERS	85
Current Conditions in the Commonwealth.....	86
CMP Goals for Women	88
CMP Regional Strategy	89



Population Projections.....	89
Comparison of Facility Capacity to Overall Bedspace Projections.....	91
Potential Impact of Pre-Release on Bedspace Needs	93
Components of the Recommended Plan	98
Phasing of the Recommended Plan by Region.....	104
MEDICAL POPULATION.....	110
Planning Basis.....	110
Components of the Recommended Plan	114
MENTAL HEALTH POPULATION.....	115
Planning Basis.....	115
Civil Commitments	118
Components of the Recommended Plan – Mental Health Population	119
Planning Basis.....	123
Components of the Plan – Male Pre-release	129
Phasing of the Recommended Plan.....	131
SEX OFFENDER TREATMENT POPULATION	133
Planning Basis.....	133
Components of the Recommended Plan	134
SUMMARY OF SPECIAL POPULATION BEDSPACE NEEDS.....	135
PART 2: GENERAL CUSTODY	137
Planning Basis.....	137
Components of the Recommended Plan	148
Impact of Replacing Modular Wood Housing.....	149
A Regional Plan / Phasing of the Recommended Plan	150
PART 3: SUMMARY OF NEW BEDSPACES BY REGION	154
PART 4: PRE-ARRAIGNMENT INCARCERATION	158
Planning Basis.....	158
Components of the Recommended Plan	160
The Cost of Meeting the Pre-Arraignment Bedspace Needs	161
PART 5: TECHNOLOGY.....	162
Planning Basis.....	162
Components of the Integrated Technology Plan	164
Cost of Meeting the Need.....	165
PART 6: INMATE TRANSPORTATION	167
Planning Basis.....	167
The Cost of Improved Inmate Transportation.....	173
Summary.....	173
PART 7: ACCESSIBILITY	174
521 CMR, the Rules and Regulations of the Massachusetts Architectural Access Board (MAAB)	174
Title II of the American with Disabilities Act (ADA).....	175
Title II of the American with Disabilities Act as it applies to Correctional Facilities	176
PART 8: SUSTAINABILITY	181
Sustainability Strategies in the Corrections Master Plan.....	181
Executive Order 484.....	182



Energy projects by DCAM Energy Team	183
Chapter 6 Implementation Plan	184
METHOD FOR ESTIMATING COSTS	184
Capital Costs – New Bedspaces	185
Capital Costs – Existing Facility Improvements	186
Operating Costs – New Beds	187
THE COST OF MEETING 2020 BEDSPACE NEEDS	188
CMP Baseline Capacity with the Current Classification System	189
CMP Baseline Capacity with the Proposed Classification System	189
Potential Capacity with the Current Classification System	190
Potential Capacity with the Proposed Classification System	191
Existing Facility Improvements	192
Summary of 2020 Cost Implications	192
PHASE 1 CAPITAL PLAN	193
Phase 1 – New Bedspaces	193
Phase 1 – Potential Capacity Improvements and Existing Conditions Upgrades	195
PHASE 1 INITIAL STEPS	196
Appendix A - Sheriff Dept. Existing Facility Briefs	199
HOUSING CAPACITY TABLE LEGEND	200
Barnstable County Correctional Facility	201
Berkshire County Jail and House of Correction	205
Bristol County Jail and House of Correction	209
Bristol County Jail and House of Correction	213
Dukes County Jail and House of Correction	215
Essex County Alternative Center - Lawrence	219
Essex County Correctional Facility - Middleton	223
Franklin County Jail and House of Correction	227
Hampden Western Massachusetts Regional Women's Correctional Center	231
Hampden County Jail and House of Correction - Ludlow	235
Hampshire County Jail and House of Correction	239
Middlesex County House of Correction	243
Middlesex County Jail	247
Norfolk County Correctional Center	249
Plymouth County Correctional Facility	253
Suffolk County House of Correction	257
Suffolk County Jail	261
Worcester County Jail and House of Correction	265
Appendix B - Department of Correction Existing Facility Briefs	271
HOUSING CAPACITY TABLE LEGEND	272
Bay State Correctional Center	273
Boston Pre-release Center	277
Bridgewater State Hospital	281
Massachusetts Alcohol and Substance Abuse Center	285
Massachusetts Treatment Center	289
MCI Cedar Junction	293
MCI Concord	297
MCI Framingham	303



MCI Norfolk	307
MCI Plymouth	313
MCI Shirley – Medium Security	317
MCI Shirley – Minimum Security	323
North Central Correctional Institution –	327
Minimum & Medium Security	327
Northeastern Correctional Center	335
Old Colony Correctional Center Medium	339
Old Colony Correctional Center – Minimum	343
Pondville Correctional Center	347
South Middlesex Correctional Center	350
Souza-Baranowski Correctional Center	355
 Appendix C – The Impact of Legislation on Development Options	 359
Appendix D – Existing Wood Modular Facilities	369



Acknowledgements

The following individuals are hereby acknowledged for their individual contributions to this important project.

Division of Capital Asset Management

David Perini, Commissioner
Michael L. McKimmey, Deputy Commissioner

Office of Planning, Design and Construction

Elizabeth Minnis, AIA, Co-Director of Programming
Tom H. Lewis, AIA, Deputy Director
Graham Knowland, Project Manager
Luciana Burdi, PhD, Program Manager
Selena Goldberg, Project Manager
Jennifer Campbell, Project Manager
Antonio Leite, Planning Assistant

Design and Construction

Michael J. Lambert, Director of Construction
Ronald Ferrara, Project Manager
James Ward, Project Manager
William DuLong, Project Manager
Zahra Assar, Project Manager
William Refuse, Project Manager
Barry Heidke, Project Manager
Steven O'Connor, Project Manager
David Fang, Project Manager

Office of Facilities Maintenance & Management

Susan Kreusch, Program Manager

Office of Finance and Administration

Deborah Carr, Regional Planner

User Agencies:

Executive Office of Public Safety and Security

Mary Elizabeth Heffernan, Secretary of Public Safety & Security
Sandra McCroom, Under Secretary of Criminal Justice
Gregory I. Massing, General Counsel
Thomas Clark, Special Counsel for C.J.

Department of Correction

Harold W. Clarke, Commissioner
Veronica Madden, Deputy Commissioner
Ron Duval, Deputy Commissioner
Kenneth Nelson, Assistant Deputy Commissioner
Luis S. Spencer, Assist. Deputy Commissioner – Southern Sector
Terre Marshall, Assist. Deputy Commissioner – Clinical Services
Rhiana Kohl, PhD, Executive Director Strategic Planning & Research
Jeffrey Quick, AIA, Director of Resource Management
Michelle Donaher, Director - Female Offender Services
Todd Gundlach, Deputy Director - Division of Resource Management
Margret Bacon, Deputy Director - Division of Resource Management
Peter Heffernan, Administrator VI Health Services
John O'Malley, Director of Legislative Affairs
Elaine Chase, Regional Health Service Administrator

Paula King, Regional Health Service Administrator
Linda Hermann Gomes, Regional Health Service Administrator
Cheryl Gilmour, Regional Health Service Administrator
Karen Bergeron, BSH-Superintendent
Tim LeMay, Oracle Developer – EOPSS-OTIS
Denise McDonough, Regional Health Service Administrator
Hollie Hoover, Analyst DOC
Gina Perez, ESC
Michael Thomas, MTC
Melanie Chabot, Program Coordinator
Rebecca LeBeau
Michael Thompson, Superintendent - PCC
Michelle Farrell, Executive Assistant
Marissa Cutts, Deputy Director
Daniel Calls
Chris Lanoue
Brian Sicutia
Ronald Gagne, Deputy Superintendent
Ted O'Donnell, Counsel
Maria Sousa, Interim CIO - Technology Services
Brian Silvia
Joann Lynds
David Nolan, Director - PDLV
Nancy White, General Counsel
Susan Martin, Director
Geraldyn Riley
Larry Wein
Jim Hall
Diane Silva
Carolyn Vicari
Paul F. Ruane, Facility Administrator/Superintendent - NECC
Peter A. Pepe Jr., Superintendent - MCI Concord
John J. Jones, Deputy Superintendent - MCI Cedar Junction
Allison Hallett, Deputy Superintendent - MCI Cedar Junction
Wayne Whisler, Director of Engineering – SBCC
Douglas W. DeMoura, Director of Security – BPC
Brian Burgwinkle, Deputy Superintendent - LSCU
Pamm MacEachern, Deputy Superintendent - MASAC
Ken DeOrsey, Director of Security - MASAC
Lynn Bissonnette, Superintendent - MCI Framingham
Michael Grant Sr., Acting Superintendent - MCI Plymouth
Robert Murphy, Superintendent – MTC
Joe Bairos, Captain - NCCI
Gary Roden, Superintendent – NCCI
Karin Bergeron, Superintendent - OCCC
James A. Ferreira, Deputy Superintendent – OCCC
Stephen Carrier, Captain - SBCC
Mark McNamara, Director of Engineering Services – SBCC
Ernest Wessell, Correctional Program Officer – SBCC
Kelly Ryan, Superintendent – SMCC

Massachusetts Sheriff Association

Jim Walsh, Executive Director



Barnstable County Sheriff's Office

James M. Cummings, Sheriff
Michael R. Regan, Superintendent of Operations
Kathie Porteous, Assist. Deputy Superintendent - Inmates Services
William Ferney, Re-Entry Coordinator
Ross Alper, Captain
Jennifer Thompson

Berkshire County Sheriff's Office

Carmen Massimiano, Sheriff
John J. Quinn Jr., Deputy Superintendent
Thomas M. Mazzeo Jr., Assistant Deputy Superintendent
Jason Cuyler, Re-Entry Case Manager
Richard Clarke, Medical Director
Al Bianchi
Julia Sullivan
Keith Lang
Dan Sheridan

Bristol County Sheriff's Department

Thomas M. Hodgson, Sheriff
George Vose, Superintendent
Pete Berthiaume, Assist. Superintendent – Civil Process
Romain Payant, Deputy Superintendent
Larry Sherman, Assistant Deputy Superintendent
Edward J. Nicolau, Director of Facilities
Jodi Hocket-Lotz, ADS Classification/Re-Entry
Kathleen Dennehy, (Former Superintendent)
Michael Livingstone, Directoack, Sheriff
David O'Sullivan, Special Sheriff/Deputy Superintendent
Sarah Saltonstall, Assist. Health Care Director
Rose Mary Mok

Essex County Sheriff's Department

Frank G. Cousins, Sheriff
Mike Marks, Superintendent
Leah Hamilton, Grant Admin
Kim Mutagh, Director – WIT
Rick Roaf, Special Sheriff
Jeff MaguiO
Wayne Ward, Health Services Administrator

Franklin County Sheriff's Office

Frederick B. Macdonald, Sheriff
Raymond Brown, Superintendent
Laura Waskiewicz
Jamise Capen

Hampden Sheriff's Department

Michael J. Ashe, Jr., Sheriff
J. John Ashe, Superintendent
Larry Lajoie, Assistant Deputy Superintendent
John Fitzgerald, Assistant Superintendent
Patricia Murphy, Assistant Superintendent
John Kenney, Assistant Superintendent
Martha Lyman, Research Director
David Asselin, Director of Support Services
Brian Leibel, Director of Health Services
Ed Weldon, Assistant Superintendent (Retired)

Paula Wells
Thomas Lincoln
Maryann Leonczyk

Hampshire Sheriff's Department

Robert G. Garvey, Sheriff
Patrick Cahillane, Deputy Superintendent
Maureen Callahan, Assistant Deputy Superintendent
Jo-Anne Leahy
Kim Meyers

Middlesex Sheriff's Office

James V. DiPaola, Sheriff
Patrick Murphy, Superintendent
Scott A Brazis, Superintendent
Kenneth Leva, Assistant Superintendent
Paul Spencer, Assistant Superintendent
Sean McAdam, Assist. Superintendent/Program
Timothy Ryan, Assistant Deputy Superintendent
James Minnelli, Lieutenant
John Cormier, Captain/Maintenance
John Regan, Captain
Dick Barricelli, Construction Flotti, Sheriff
James Matesanz, Superintendent
Stephan Randall, ADS Support Service
Chris Dawley, Director of Re-Entry
Peter Perroncello, Superintendent of Operations
Tara Brown, Assist. Deputy Superintendent/Chief of Health Services
Patricia Spatare
Maryann Pitts
Kristina Russo, Director of Psychological Services

Plymouth County Sheriff's Department

Joseph D. McDonald, Sheriff
Gerald Pudolsky, Special Sheriff
Brian H. Gilla, Superintendent
Antone Moniz, Assistant Superintendent
Patrick Lee, General Counsel
Paul Chiano
Clare Honen, Director of Health Services
George Gorgizian, Infectious Disease Coordinator
Marnie Tallon, Re-Entry Manager
April Rios
Michael Chaney
Joyce Nwosu

Suffolk County Sheriff's Department

Andrea J. Cabral, Sheriff
Gerald Horgan, Superintendent
Eugene Sumpter, Superintendent
Julie White, Assist. Deputy Superintendent
Deborah Driscoll, Chief of Operations and Planning
Gerry Walsh
John Sullivan
Amila DiFeo
Anthony Domagala, Medical Director
True-See Allah, Director of Re-Entry
Gregory Haugh



Cindy Flores
Christina Ruccio
Joseph Casey, Captain
Clara Severin, Counsel
Geraldine Somers
Pauline Sweeney Burrill
Tom Groblewski

Karl Tannenbaum, CPCS
Eleanor Sinnott, BMC
Steve Price, OCC
Pat Horge, OCC
Tara McGuire, MDAA
Francis Wall, OCP
Linda Holt, MSC

Worcester Sheriff's Department

Guy Glodis, Sheriff/Superintendent
Jeff Turco, Special Sheriff/Deputy Superintendent
Peter Whitney, Assistant Deputy Superintendent
Luke Gallant, Assistant Deputy Superintendent
T. Hall, Superintendent
Kathleen Shultz
Cheryl Piper
William Hughes
Shaun Jenkins
Bernie Rivera, IT Support
Brian Knuuttila (Retired)
John Buckley (Retired)

Massachusetts Court System

Phil McCue, AODC
James Morton, AOJC, Case Manager
Jane Strickland, AOJC
Robert A. Mulligan, AOTC
Robert P. Panneton, Chief of Staff, AOTC
Francis J. Carney, Jr., Ph. D., Executive Director, AOTC
Pamela M. Dashiell, Esq., Director of Planning and Policy Development, AOTC
Mary F. Rafferty, Senior Staff Consultant/Organizational Communications, AOTC
Michael J. Jordan, Court Capital Projects, Director, AOTC
Stephen J. Carroll, Court Facilities, AOTC, Director
Tom Haskins, AOTC
Dana Leavitt, AOSC
Jeff Richards, CPCS

Consultants:

STV Incorporated

David Ziskind, AIA – Principal-in-Charge
Charles Paradie, AIA – Project Manager
Kristine Gorman – Project Coordinator
Price Jepsen, AIA – Corrections Programmer
Donald Currie, AIA – Corrections Designer
Joel Davidson, AIA – Corrections Architect
Joseph Miele, RA – Corrections Architect
Greg Spears – Designer
Joyce Finnegan – Production
Carlos Almeida – Production

Carter Goble Associates

Stephen Carter, AICP – Project Manager
Alan Richardson – Lead Project Planner
June Binney – Legal Analyst
Robert Goble, AICP – Project Planner
Chris Monsma – Forecasting
Aaron Baggarly – Data Analysis
Kenneth McKellar – Operations Review
Dawn Catalano – Logistics
Cassandra Johnson – Report Preparation

Pulitzer/Bogard & Associates

Curtiss Pulitzer, AIA – Project Planner
Cheryl Gallant, Planner
Pamela de Toledo, Planner





The Corrections Master Plan The Final Report

Executive Summary

Executive Summary

INTRODUCTION

As a strategic capital plan, this Corrections Master Plan (CMP) has focused on the system as a whole in order to identify the most cost-effective approach to investing capital dollars in the Massachusetts Correctional System. This comprehensive approach provides a framework to meet the projected bedspace needs into 2020, address current overcrowding, and create a better coordinated system that is both efficient and cost-effective.

Application of a new Standards-based capacity (CMP Baseline Capacity) indicates that the system housing 2009 populations has a *current* shortfall of approximately 9,800 bedspaces, *before* considering growth in populations.

Without any capital improvements or modifications to operating procedures and policies, the shortfall to house the same populations is expected to climb to approximately 12,100 bedspaces by 2020. Based on the recommendation to gradually eliminate federal inmates and to reassign civil commitments to treatment settings, this shortfall could be reduced to approximately 10,250, requiring an estimated capital investment of \$1.3 to \$2.3 billion in *today's dollars* and an increase of estimated *annual* operating costs totaling as much as \$120 million.

As state budgets continue to be challenged, it is clear that the needs of the current system are outpacing available funding. In short, the existing system is not sustainable and requires, in addition to planned capital investment, the investigation of every type of initiative - executive, legislative, judicial, and operational - to reduce recidivism, reduce the population incarcerated in correctional facilities, and create a more proficient, and sustainable system in a climate of ever shrinking resources.

To this end, the Corrections Master Plan includes projections of bedspace needs; considers upgrades to increase capacity within existing facilities in order to reduce the need for new bedspaces; identifies barriers to a more efficient system; proposes regional and multi-jurisdictional facilities to add flexibility and address needs more cost-effectively; recommends shared resources and centralization of some support services; estimates the capital implications of the plan; and prioritizes components to be funded in the initial capital plan. Moving forward, urgency is required to consider new directions that emphasize a more cost effective correctional system.



CURRENT SYSTEM

The Massachusetts Corrections System is made up of the 14 Sheriffs' Departments and the Department of Correction (DOC) with very distinct responsibilities. In 2009, the Average Daily Population (ADP) housed in Massachusetts correctional facilities totaled approximately 24,000. Of the total population, 5.6% were female.

Sheriff's Departments are responsible for confining pretrial defendants that were either a risk to the community or a risk to flee prior to trial in addition to inmates with sentences of 30 months or less.

- In 2009, the 13 Sheriff departments (excluding Nantucket) collectively housed a total population of approximately 12,750 including approximately 1,000 federal and out-of-state inmates. Of the 12,750, only 572 were females (4.5%).
- Approximately 35% of the population was pretrial detainees and 65% was serving an average sentence of 8.5 months.

The DOC oversees over 7 million square feet of buildings on 5,400 acres. The DOC has a range of responsibilities that includes all inmates serving sentences over 30 months, a large percentage of the correctional system's female pretrial detainees and inmates serving sentences less than 30 months, civilly committed populations (alcohol and substance abuse, mentally ill and sexually dangerous persons) and some pretrial detainees that were previously incarcerated in the DOC (so called Section 52A's). In addition, the DOC manages Bridgewater State Hospital, a secure psychiatric hospital, and secures a portion of Lemuel Shattuck Hospital which provides medical services to the statewide correctional system.

- The total 2009 ADP in DOC facilities was approximately 11,300, including 628 civil commitments and 285 Section 52A detainees. Of the 11,300, a total of 772 were females (approximately 6.8%), of which 430 were county sentenced and pretrial detainees.
- In 2009, approximately 65% of the DOC population (excluding civil commitments) was classified as medium security with 18% at maximum and 17% at minimum / pre-release.

With modest growth on average over the past 10 years, bedspace needs are a result of admissions outpacing releases rather than a huge influx of additional new inmates. The cause of this outpacing is in large part due to longer and more restrictive mandatory minimum sentences, current overcrowding, and the needs of special populations.

The challenges within the system include addressing current crowding, determining how facilities should be used to accommodate reclassification, dealing with multiple populations that require separation, addressing special needs populations currently comingled with the general population, upgrading older facilities, ensuring compliance with the American with Disabilities Act and reducing recidivism with increased pre-release/re-entry programming.

As the Commonwealth seeks to more cost-effectively meet its obligations, assessing the most appropriate agencies to house populations will be critical. Two specific groups of populations have been identified for reassignment outside of the Corrections System as follows:

- **Civil Commitments:** In most States, civilly committed individuals are more appropriately cared for by non-correctional agencies such as the Departments of Public Health and/ or Mental Health. As these individuals require treatment and are not being held on criminal charges, housing them in a correctional setting instead



of a treatment environment is not the most cost-efficient or effective means to address their needs. This population is projected in 2020 to require approximately 671 bedspaces.

- **Federal and Out-of-State Inmates:** Over 1,000 federal and out-of-state inmates are currently being held in Sheriff facilities. While this practice serves to supplement operating budgets, these inmates consume bedspaces that could potentially be used for Massachusetts inmates, alleviating overcrowding, and reducing the need for new bedspaces. This population has *not* been included in the 2020 projections.

Although dramatic operational changes are not assumed in the CMP, a willingness and cooperative approach by stakeholders will be critical to achieve a more effective corrections system.

CMP GOALS

Through the strategic planning process that included data supplied by various stakeholders and discussions from the numerous workshops held across the Commonwealth, four overarching goals emerged:

- 1. Alleviate crowding.**

Overcrowding is an ongoing concern today that will only be exacerbated by anticipated growth of the incarcerated population. A clear strategy on how the Commonwealth can begin to alleviate overcrowding in a consistent manner across the Commonwealth must be a focus of the CMP.

- 2. Reduce recidivism.**

Rehabilitation and reintegration of offenders back into the community is critical to public safety. Disrupting the cycle of incarceration as well as the victimization of the Massachusetts residents can most effectively be achieved by providing facilities and programs that provide support services and prepare inmates for a new life in the community. Successful reintegration can decrease the projected incarcerated population.

- 3. Maximize existing resources.**

With limited funding, identifying the best use of existing facilities and identifying what entity is best suited for particular functions within the existing system is required to maximize and expand existing resources. This includes expanding bedspace capacity and improving conditions in existing facilities.

- 4. Create a more integrated, efficient and cost-effective Corrections System.**

With the transition to a single funding source, the creation of a more efficient and effective system is possible and critical to enabling Massachusetts to address the challenges moving forward. By considering the system as a whole and establishing more resource-sharing and less duplication, a more integrated, flexible, and effective system with potential cost-savings can be realized.

2020 BEDSPACE PROJECTIONS

Bedspace projections are foundational to the CMP. As the CMP projections assume the continuation of current policies and sentencing practices, these projections present a worst-case scenario that can be improved /reduced.

Bedspace Projection Methodology

Weekly counts were collated by DCAM to develop historical ADP's for Sheriff facilities, reassigning populations to their appropriate jurisdiction (instead of where they are currently housed) and excluding federal inmates. DOC ADP's



were based on the Quarterly Reports with Sheriff populations extracted. Due to limited historical data for the originating counties of county-sentenced women held at DOC, civil commitments, sex offenders in core treatment and 52A's, snapshots were used and extrapolated in order to create a consistent data set from which to base the projections. Civil commitments and 52A's were projected separately. Utilizing this data, the following 7 methods were implemented. The statistically valid models were determined and averaged to project ADP based on historic trends.

- Historical Trend Increase
- Actual Number Increase
- Rate of Change of Incarceration Rate to Population
- Ratio to Population
- Linear Regression
- Exponential Smoothing ARIMA
- Box-Jenkins ARIMA

2020 Bedspace Projection

Absent sentencing reforms, the 2009 ADP of approximately 24,000 (which includes over 1,000 federal and out-of-state inmates in Sheriff facilities and 628 civil commitments in the DOC) is expected to grow to approximately 25,100 *excluding* federal and out-of-state inmates in Sheriff facilities.

In order to translate population (ADP) into bedspace needs, population projections were multiplied by factors to address varying custody needs such as single bunking for disciplinary cases as well as peaking factors. As illustrated in Table ES-1 and based on the current classification system, the 2020 population will require approx. 26,991 total bedspaces or 27,662 including civil commitments. Although incarcerated population trends are flattening and in some cases declining, this increase represents a significant addition to the Corrections System which is currently experiencing overcrowding that must be addressed.

Table ES-1 breaks down populations assigned by jurisdiction and does not in all cases reflect where they are currently housed (such as county women in DOC facilities). The exception is the 52A's, which are shown in the DOC pretrial male counts in the table below. Although minimum custody may not be considered 'secure beds', the purpose of this distinction in the CMP is to separate those inmates eligible for pre-release and/or DOC step-down.

Table ES-1 Summary Bedspace Needs in 2020 based on Current Classification without Policy Changes

	Pretrial (52A's in DOC)	Sentenced								Civil Commitments							
		Secure Beds						Pre-Release (DOC 16.5%, Sheriffs 22%)	Total Sentenced	Total Secure Beds: Sentenced and Pretrial	Total CMP Housing Sentenced + Pretrial	Substance Abuse	Mentally Ill	Sexually Dangerous	Total Civil Commitments	Total CMP Housing w/ civil commitments	Medical / MH Acute Care Bedspace Need
		General Population	Mental Health Sub-Acute Beds	Medical Sub-Acute Beds	Sex Offenders in Treatment	Total Secure Sentenced Beds											
DOC																	
Men	295	9,416	391	391	353	10,552	338	10,889	10,846	11,184	166	242	247	654	11,838	112	112
Women		306	12	12		330	16	346	330	346	17	-	-	17	363	3	3
Subtotal	295	9,722	404	404	353	10,881	354	11,235	11,176	11,530	183	242	247	671	12,201	115	115
Sheriffs																	
Men	4,774	6,870	212	212	0	7,293	2,057	9,351	12,068	14,125					14,125	141	141
Women	492	618	20	20	0	658	186	844	1,151	1,336					1,336	13	13
Subtotal	5,267	7,488	232	232	-	7,952	2,243	10,194	13,218	15,461					15,461	155	155
Total Men	5,069	16,286	603	603	353	17,845	2,395	20,240	22,914	25,309	166	242	247	654	25,963	253	253
Total Women	492	924	32	32	-	988	202	1,190	1,480	1,682	17	-	-	17	1,700	17	17
Totals	5,561	17,209	635	635	353	18,833	2,597	21,430	24,394	26,991	183	242	247	671	27,662	270	270

BEDSPACE CAPACITY REDEFINED

With the bedspace needs projected, an assessment of bedspace capacity in existing facilities is required in order to determine the bedspace shortfall, the number, and type of new bedspaces that will be required.



Design Capacity / Rated Capacity

In compliance with M.G.L. Chapter 799, Section 21, overcrowding has been reported as the difference between the capacity reported at the time a facility was originally designed (**Design Capacity**) and the current number of inmates occupying the same facility. However, the use of the Design Capacity as a basis for reporting overcrowding presents a potentially misleading picture. Because design standards are modified over the years, Design Capacities of facilities can vary quite dramatically, especially between very old facilities and recently constructed ones.

Although the DOC, which produces the Quarterly Reports, revises capacity when facilities have been significantly renovated or circumstances warrant re-evaluation (**Rated Capacity**), the CMP process uncovered inconsistencies in the capacity counts. In addition to building code requirements, the American Correctional Association (ACA) applies minimum space recommendations as part of the certification process. While these recommendations are a factor in certification, various remedies are allowed to enable an existing facility to attain or maintain certification even when those space recommendations cannot be met. Design Capacity does not factor into these changing standards.

Utilizing Design/ Rated Capacity, in 2009 DOC facilities were operating at 142% of Design Capacity while Sheriff facilities were collectively operating at 148% of Design Capacity.

A consistent definition of capacity is needed for planning purposes in order to determine the projected bedspace shortfalls and more consistently quantify overcrowding throughout the entire system.

Corrections Master Plan (CMP) Baseline Capacity

By applying both relevant ACA standards and State Building Codes that impact housing capacity, a **Corrections Master Plan (CMP) Baseline Capacity** was established for each correctional facility. The CMP Baseline Capacity *does not* represent the number of inmates expected to be housed at a given facility *today* and is not intended to replace Design / Rated Capacity. Rather, by applying a consistent set of criteria, the CMP Baseline Capacity provides a means to compare both Sheriff and DOC facilities throughout the State and serves as a consistent starting point in the planning for future bedspaces to alleviate crowding consistently.

The physical requirements that provide the basis for the housing component were identified and included in the criteria that follow. The CMP Baseline Capacity criteria are outlined as follows:

1. A single cell that provides less than 35 unencumbered square feet can be counted as a capacity of one.
2. With the exception of an undersized single cell, all sleeping areas must provide 25 unencumbered square feet per occupant or 50 unencumbered square feet for two inmates or 70 square feet total in a double cell.
3. Every housing unit dayroom must provide a minimum of 35 square feet per occupant in the unit that will occupy the dayroom at one time.
4. Per Massachusetts State Plumbing Code for Correctional facilities, the following plumbing fixtures are required:
 - A shower must be provided on the basis of one for every eight inmates assigned to the unit.
 - For dormitory housing units, one toilet per 8 inmates and one wash basin for every 6 inmates assigned to the housing unit must be provided. For pre-release/minimum units that are not locked down, one wash basin for every 8 inmates is allowed.



Notably missing in these criteria is the support core. The ACA standards do not provide measurable physical standards for these areas, although performance measures are recommended. Clearly, evaluation of the support core will be required on an individual facility basis prior to increasing capacity. As there are very few cases where the CMP Baseline Capacity exceeds Current Beds, support cores would not be stretched further and the CMP Baseline Capacity would not override conditions previously reviewed by Code Officials or ACA certifications.

The application of these standards to existing facilities results in DOC facilities collectively operating at 152% occupancy (as opposed to 142% of the Design Capacity) and the Sheriffs collectively operating at 136% occupancy (as opposed to 148% occupancy to Design Capacity). Based on these standards, the DOC facilities are actually more crowded than their Design Capacities indicate while the Sheriff facilities are collectively less crowded.

Potential Capacity

In order to maximize existing facilities and reduce the number of new bedspaces required, improvements were identified for each facility in order to achieve a **Potential Capacity**. The Potential Capacity illustrates the extent that standards-driven improvements to existing facilities could improve the capacity of the existing facilities in the system.

Although the feasibility for these improvements will require additional investigation on a facility basis, with the implementation of these improvements the Sheriff's facilities on average would be operating at only 8% above the Potential Capacity (as opposed to 36% over CMP Baseline Capacity or 48% over Design Capacity) while the DOC facilities on average would be operating at 12% above the Potential Capacity (as opposed to 52% over CMP Baseline Capacity and 42% over Design Capacity).

While 8% and 12% overcrowding of current (2009) population still represents a shortage, these improvements, if feasible, can reduce *substantially* the need for new construction.

2020 BEDSPACE SHORTFALL

Bedspace projections for the Corrections System are estimated to total approximately 27,000 (26,991) by 2020, excluding civil commitments (27,662 with civil commitments). As summarized in Table ES-2, the total combined DOC and Sheriff Department 2020 bedspace shortfall without civil commitments is anticipated to range between 10,242 bedspaces using CMP Baseline Capacity and 5,154 bedspaces using Potential Capacity.

Table ES-2 Summary of Bedspace Needs in 2020 without Policy Changes

	Sheriffs	DOC	Total
Target Bedspace 2020	15,461	11,530	26,991
<i>Current Beds</i>	14,963	11,968	26,931
Shortfall- Current Beds	(498)	438	(60)
<i>CMP Baseline Capacity</i>	9,347	7,402	16,749
Shortfall- CMP Baseline Capacity	(6,114)	(4,128)	(10,242)
<i>Potential Capacity</i>	11,775	10,062	21,837
2020 Bedspace Shortfall (based on Potential Capacity Definition)	(3,686)	(1,468)	(5,154)
<i>Design Capacity</i>	8,620	7,920	16,540
Shortfall- Design Capacity	(6,841)	(3,610)	(10,451)

Source: Carter Goble Associates 2010; DOC includes 52A's; civil commitments excluded



THE BASIS FOR ELIMINATING BARRIERS TO SYSTEM EFFICIENCY

Existing laws, regulations, and policies serve both as “drivers” of the incarcerated population as well as barriers to more effective resource sharing. The specific legal barriers that constrain the ability of the Judiciary, Law Enforcement, and Criminal Justice agencies to maximize public safety, increase efficiency, and respond to the multiple and complex needs of the custody populations can be divided into broad areas:

1. Sentencing restrictions which require judges to assign mandatory minimum sentences to certain offenses.
2. Statutes and policies that limit effective reentry planning by restricting the “stepping down” or transitioning out of higher to lower security levels, or which restrict access to minimum/prerelease/work release status.
3. Legal requirements that require the separation of certain populations.
4. Statutes and practices which allow for civil commitments of certain populations to be committed to the Department of Correction for clinical evaluation and/or treatment.
5. Legal impediments to the ability of the Courts, the DOC or the Sheriffs to house and place inmates in Sheriff or State facilities or programs deemed appropriate to meet the inmates’ needs while protecting public safety.
6. Legal or regulatory impediments to the release of end-state inmates to community corrections.
7. Lack of statutes or practices which could reduce the numbers and lengths of stay of pretrial detainees.
8. Statutes and practices which result in an inefficient and outdated pre-arraignment process.

Sentencing reforms and pretrial release could have a major impact on bedspace needs and shortfalls, estimated at a reduction of 600-1,400 bedspaces. Every effort should be made to reevaluate legislation and policies towards maintaining public safety, promoting rehabilitation, and reducing the incarcerated population in Massachusetts.

Regions of the Commonwealth

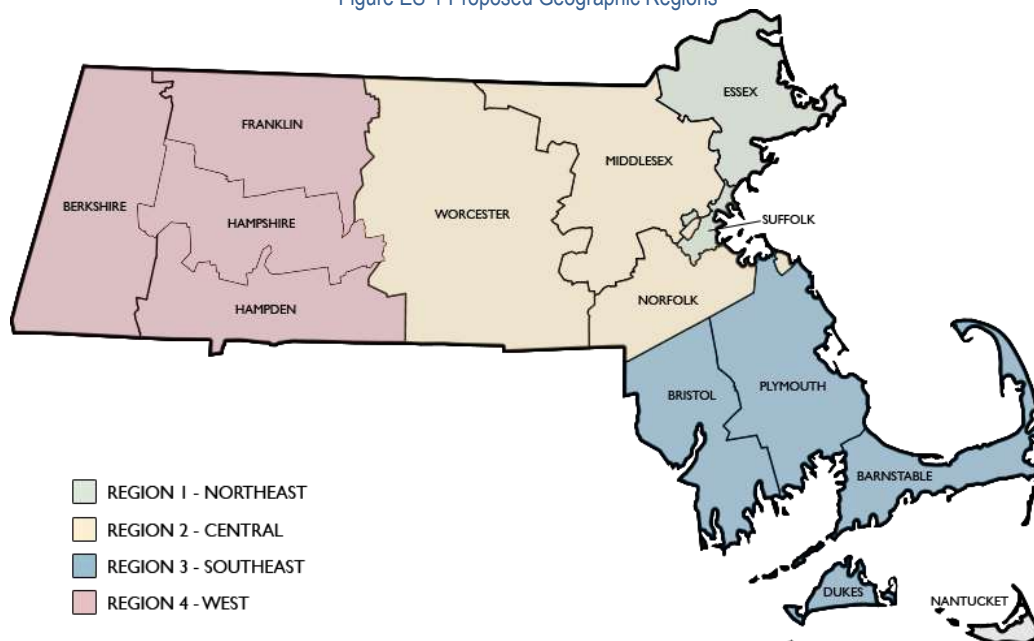
In order to gain efficiencies, incarceration options should be considered on a state-wide system. Regionalization can achieve efficiencies by eliminating duplicative services, creating program sizes that can operate more cost-effectively, and creating flexibility in the system to handle fluctuations in the incarcerated population. To this end, the CMP takes a regional approach towards addressing the needs of the Corrections System in 2020:

1. **Region 1 - Northeast:** Sheriffs - Essex, Suffolk; DOC - Shattuck Hospital Unit, Boston Pre-Release Center
2. **Region 2 – Central:** Sheriffs - Middlesex, Norfolk, Worcester; DOC - Bay State Correctional Center, MCI Cedar Junction, Souza Baranowski, MCI Concord, MCI Framingham, MCI Norfolk, MCI Shirley, NCCI, NCC, SMCC, Pondville Correctional Center
3. **Region 3 – Southeast:** Sheriffs - Barnstable, Bristol, Dukes, Plymouth; DOC - Bridgewater State Hospital, Massachusetts Alcohol & Substance Abuse Center, Massachusetts Treatment Center, MCI Plymouth, Old Colony Correctional Center.
4. **Region 4 – West:** Sheriffs -Berkshire, Franklin, Hampden, Hampshire; DOC - no facilities



The proposed regions in Figure ES-1 are based on geography to create potential multi-jurisdictional arrangements. A three region approach, as illustrated in Figure 5.1-3 and discussed in detail in Chapter 5 was determined to be more appropriate for women facilities.

Figure ES-1 Proposed Geographic Regions



ROLES FOR INCARCERATION

The CMP does not recommend altering the fundamental incarceration responsibilities of the DOC and Sheriff departments but rather seeks to optimize current roles and create a more flexible and integrated system. Areas of specific recommendation in broad categories of responsibility include:

1. **Pre-Arrestment.** Over time, pre-arrestment responsibilities should be transferred to existing Sheriff's pretrial facilities where there is capacity or when expansion of existing facilities to provide regional lockup capacity can be considered as part of renovations. The focus of the shift to professionally operated Sheriff facilities will permit a greater use of pretrial intervention programs and better conditions for detainees.
2. **Sheriff's Offices.** Sheriff Departments should remain responsible for pretrial detainees and sentenced offenders. Section 52A detainees should be returned to Sheriff facilities. With their connections to community resources, Sheriffs should take responsibility for DOC inmates eligible for step-down in the last 6-12 months of their sentence to promote reintegration into communities.
3. **The DOC.** The DOC should remain responsible for inmates with sentences greater than 30 months. DOC should collaborate with Sheriffs to develop a Classification System to enable step-down into pre-release facilities. With the development of sub-acute and chronic care medical and mental health facilities, DOC should continue to play a critical role in the secure treatment of seriously ill inmates.



4. **Community Corrections.** In an effort to effectively reduce reliance on incarceration and enhance public safety the Governor has proposed legislation to centralize community supervision of adult defendants and in a unified agency within the Executive Branch. This agency, the Department of Re-entry and Community Supervision (DRCS), would be responsible for supervising adult defendants and offenders from the early pretrial stages of the criminal process through re-entry to the community after incarceration. This model is characterized by a comprehensive “continuum of care” and is followed by the majority of States.

THE STRATEGIC CAPITAL PLAN

The Corrections Master Plan (CMP) outlines the approach to meeting the CMP goals by examining different populations within the Corrections System. Historically, male inmates housed in general population have comprised the majority of the incarcerated population and existing facilities have been focused around addressing their needs.

Although special custody populations remain in the minority, the number of these inmates has been growing and placing strains on the system. Because the needs of these special custody populations differ from the majority of offenders, the Strategic Plan disaggregates these populations and examines their needs separately. In the development of a capital plan, 10 overarching topics were organized into the following three broad groupings:

1. **Special Custody Needs** (Women, Medical Population, Mentally Ill Population, Pre-Release / Re-entry Offenders, and Sex Offenders in Treatment)
2. **General Custody Needs** (Male Pretrial and Sentenced Inmates in Sheriff facilities and the DOC)
3. **Additional State-wide Improvements:** (Pre-arraignment Incarceration, Technology, Transportation, and Accessibility)

SPECIAL CUSTODY POPULATIONS

The CMP addresses the needs of special custody populations first because these groups, while smaller in number, drive the types of bedspaces that are required to make the correctional system more efficient and open opportunities for a more effective use of existing facilities. Five special groupings were examined: Women, Medical Population, Mentally Ill Population, Pre-Release / Re-entry Offenders, and Sex Offenders in Treatment.

Women Offenders

The management of female offenders presents unique challenges to correctional administrators. With the expansion of the female inmate population during the 1980's and 1990's, the traditional “male-centric” system was stressed by new demands. Four overarching characteristics of incarcerated women were identified and are outlined below:

1. **Prevalence of mental disorders:** Women inmates in Massachusetts exhibit consistently higher rates of mental disorder than their male counterparts. The DOC reported that 67% of women held in 2007 were actively on the mental health caseload and over 50% were receiving psychotropic medications.
2. **Histories of Physical & Sexual Abuse:** National surveys indicate that 57% of women entering correctional facilities report histories of physical abuse (4 times the rate of men); 39 percent report histories of sexual abuse (8 times that of men); and 37 percent report being victimized as children (2.5 times that of men).



3. **Separation from Children:** Incarcerated women experience psychological stress associated with separation from children. An estimated 65 % of women entering correctional facilities have minor children, and 64 % of the women lived with their children prior to incarceration.
4. **Prevalence of Substance Abuse:** DOC data from 2007 indicated that 86% of women reported histories of substance abuse. An estimated 60% of women in correctional facilities meet the criteria for substance abuse or dependence. Women entering prison are at higher risk than their male counterparts of experiencing co-occurring mental illness and substance use disorders.

As the incarcerated women population grew, some Sheriff departments could not provide the segregated facilities and programs required for the relatively small number of women in each county. As a result, many county-sentenced and pretrial women were sent to MCI Framingham where the combined populations could take advantage of special programs (MGL Chapter 125, Section 16). The population has grown; outpacing MCI Framingham's capacity and resulting in significant overcrowding.

Of the 1,322 (2009 ADP) incarcerated women, more than half are currently held in very crowded conditions at MCI Framingham. In fact, only 47% of these women have DOC sentences or are legitimately the DOC's responsibility.

While the number of women given a custodial sentence by the Court is increasing (also nationally), their length of confinement remains low. Additionally, many female inmates serve a large portion of their sentences as "time served" awaiting trial, making the provision of the needed programs during pretrial detainment critical.

Long range, the CMP recommends the development of regional women's correctional centers to enable the cost-effective delivery of programs and the more efficient use of facilities due to required segregation from men, while keeping women as close as feasible to their sentencing communities. The long range plan includes:

- **Regional Women's Correctional Centers:** The expansion of existing women's programs into Regional Women's Correctional Centers to house sentenced and pretrial women: Suffolk HOC in the East Region; MCI Framingham in the Central Region; and the Western MA Regional Women's Correctional Center in the West Region. These regional centers could provide resources for adjacent Sheriff facilities housing women.
- **New pre-release facilities:** To enable transition back into communities including DOC step-down inmates, new pre-release facilities should be built or leased in local town centers in each county.
- **Total beds:** 1,700 beds are estimated to be needed by 2020. With 1,100 CMP Baseline Capacity, 435-470 new secure and pre-release bedspaces would be required in addition to potential capacity improvements to gain 98-136 beds in existing facilities; the range dependent on the classification system utilized.

As a first step, considerable progress has been made towards the expansion of the Western MA Regional Women's Center in Hampden County as a regional facility that will house women from western counties including Worcester. This expansion will enable a reduction in crowding at MCI Framingham and afford the opportunity to provide more consistent programming for women.



Medical Population

In the context of the CMP, the medical population refers to housing units required for sub-acute (long-term ambulatory care) in addition to acute beds (generally short-term crisis care). Clinics and ambulatory care services provided routinely to the general population require space but not necessarily bedspaces and are not included in this discussion on bedspaces but will be evaluated in a separate Needs Assessment study.

Acute care beds are *short-term crisis care*, managed as temporary bedspaces. An acute care setting is similar to a primary care community hospital with a range of surgical and post-operative services. Licensed physicians, nurses, and other medical staff should be present on a 24-hour basis in acute care facilities. Inmate patients are expected to return to the permanent housing upon recovery. Acute beds can include hospital beds as well as on-site infirmaries although they typically handle acute care needs of a lesser magnitude than in a hospital setting and are frequently not staffed with medical personnel on a 24-hour basis. Detoxification beds, on-site medical and mental health observation, and medical isolation associated with infirmaries are also considered acute care beds. These acute care bedspaces are currently provided in the Shattuck Hospital Correctional Unit, in on-site infirmaries and in local hospital settings.

With the DOC managed care approach coupled with the availability of community-based beds in local hospitals (preferably teaching hospitals), the current number of acute beds is expected to meet the needs by 2020.

Sub-acute care facilities are similar to assisted-living environments with limited availability of skilled nursing beds. These bedspaces are for *long term care* provided to chronically ill, disabled, or elderly inmates requiring ongoing assistance with activities of daily living (ADL's). These inmates classified as sub-acute or long-term patients are typically not suitable to be housed in the general population due to their vulnerability and the disproportionate consumption of staff resources they require. Without sub-acute beds in the system, these chronically ill inmates frequently occupy infirmary beds. This trend hampers the ability to provide appropriate acute care services in the infirmaries and results in a lack of transition bedspaces for inmates returning from acute care.

Due to an aging incarcerated population, the greatest need for medical beds in the Commonwealth is for sub-acute care, long-term patients. Based on benchmarks and national averages, acute and sub-acute bedspace needs were estimated and are summarized in Table ES-4 below. With a projected inmate population of approximately 27,000 Sheriff and DOC inmates in 2020, on any given day, approximately 900 inmates would be expected to have medical needs serious enough to be provided a separate living environment.

Table ES-4 Estimate of 2020 Acute and Long-Term Medical Beds by Current Jurisdictions

Medical excluding civil commitments	Acute Care Beds Needed	Sub-Acute Care Beds Needed	Total Medical Beds Needed
Sheriffs	155	232	387
DOC	115	404	519
Combined Total Medical Bedspaces	270	635	905

Source: National Benchmarks applied to DOC and County projections

Note: Acute care needs based on 1.0% of the projected DOC and Sheriff inmate population.

DOC sub-acute needs based on 3.5% of population; Sheriffs 1.5% of population.

With limited, appropriately staffed, sub-acute bedspace capacity in existing facilities, the CMP recommends, long range, the addition of new sub-acute care bedspaces in three separate, purpose-built facilities to provide treatments, adequate staffing and necessary programs in a more efficient, thorough and cost-effective manner.



Mental Health Population

Due to the de-funding of community mental health agencies and the closure of many community-based residential mental health treatment centers throughout the USA, correctional facilities have become the mental hospitals of the past. The Commonwealth is no exception. In the majority of cases, inmates with severe enough mental health problems to require special treatment (more than a regime of psychotropic medicine) often also have a medical condition that requires constant observation and treatment. For this reason, the CMP recommends co-locating sub-acute medical and mental health beds within the same complex.

For the purposes of this study, **acute care** or *short-term crisis care* includes stabilization units and mental health observation and are included in the medical acute bedspace need calculation previously covered.

Sub-acute care includes *longer term treatment beds* for inmates requiring separate housing from the general population for special programming and/or treatment focused on mental illness.

The CMP approach has been to estimate need based on input from administrators and to benchmark against California's comprehensive assessment. In total, 635 bedspaces are proposed to better manage the chronic and long-term needs of the mentally ill population, excluding civil commitments, as illustrated in Table ES-5.

Table ES-5 Estimated Number of Mental Health Bedspaces in 2020

Mental Health excluding civil commitments	Acute Care Beds (incl. in Medical Acute)	Sub-Acute Care Beds Needed
Sheriffs	-	232
DOC	-	404
Combined Total Mental Health Bedspaces	-	635

Source: National Benchmarks

Note: Sub-acute needs based on 3.5% of DOC population; 1.5% of Sheriffs population

A scientifically based approach to surveying the population with trained health professionals is recommended prior to final programming to address the needs of this segment of the inmate population.

Although surveys completed by the DOC and Sheriffs estimate an existing combined 528 sub-acute mental health bedspaces, it is unlikely that survey respondents categorize bedspaces the same way and that there is a consistent level of treatment associated with these bedspaces. Additionally, the majority of these bedspaces (320) are in Bridgewater State Hospital (BSH) which is not well-suited for mentally ill inmates. Long term, the CMP recommends repurposing BSH and the construction of new purpose-built facilities.

Combining 635 medical and 635 mental health beds, 1,270 bedspaces is the universe of need by 2020 (1,500 if civil commitments remain), 3 new specialized facilities of 400-500 bedspaces each are proposed. These facilities should be located in close proximity to trained medical and mental health professionals; e.g. university teaching hospitals and medical schools. Constructing these specialized facilities on a regional basis will free up general custody bedspaces while addressing the increasing demand for specialized treatments cost-effectively.



Pre-Release / Reentry Population

In the CMP, pre-release/reentry is defined as the provision of separate bedspaces for inmates that qualify to be assigned to a purpose-built environment with programs in preparation of their release. The programs and services provided through pre-release and reentry are essential to a successful re-integration into the community, are the foundation for changing the current rate of re-offending and are a cornerstone to improving public safety.

While other types of bedspaces require a higher level of capital investment, pre-release bedspaces are typically less costly than higher custody or specialized bedspaces and can provide the greatest return on investment with pre-release/reentry programs. The classification of inmates is foundational to determining the number of pre-release / re-entry bedspaces needed. Although the Sheriffs and DOC classification systems are each based on different criteria, the critical focus in the CMP is to begin to develop an integrated system that allows for greater participation in pre-release / re-entry preparation and DOC step-down into Sheriff facilities.

Sheriffs' Classification: The number of pre-release/reentry inmates in Sheriff facilities is difficult to determine due to the lack of a uniform classification system. Based upon input from Sheriff's Departments, 22% of the projected sentenced bedspaces was used to estimate the number of 2020 pre-release/reentry bedspaces.

DOC Classification: In 2005, the DOC completed a re-classification study that found that the point system at that time had a scoring and over-ride process that did not meet industry standards, resulting in higher security levels than was necessary. Based on this study, an Objective Classification System was implemented that resulted in a slight shift to lesser security levels that constitute the current classification system. However, DOC only classifies inmates eligible for work release as pre-release.

Current DOC Classification System: Based on a snapshot of the population on December 28, 2009, the current classification system resulted in 3.1% of sentenced men and 4.8% of the sentenced women being classified for pre-release. Applying these percentages, the DOC's 2020 pre-release bedspace need is estimated at 354 beds (338 for men and 16 for women). Utilizing the current classification system, Table ES-6 illustrates the combined projected number of DOC and Sheriff pre-release/reentry beds for 2020, totaling 2,597.

Table ES-6 Pre-Release/Reentry Bedspace Need for 2020 with Current Classification System

Pre-Release	Males	Females	Total Beds by 2020
Sheriffs	2,057	186	2,243
DOC	338	17	354
Combined Total Pre-Release Beds	2,395	202	2,597

Projected DOC beds utilizing current classification breakdown - Pre-release @ 3.1% for men; 4.8% for women

Although the current classification system represents a shift, the potential for greater gains is presented in the 'target' or proposed classification system noted below.

Proposed DOC Classification System: Based on national standards, 16.5% of the DOC's ADP should be assigned to pre-release status, eliminating inmates that are within the release eligibility date but are such serious offenders (e.g., sex offenders) that they do not qualify for a community-based assignment.

This 16.5% was applied to the 2020 DOC projected sentenced bedspace need to arrive at an estimated need of 1,853 pre-release/reentry bedspaces (1,797 men and 57 women), *more than 4 times greater than the current system*. Table ES-7 applies the proposed DOC classification system.



Table ES-7 Pre-Release/Reentry Bedspace Need for 2020 with Proposed Classification System

Pre-Release	Males	Females	Total Beds by 2020
Sheriffs	2,057	186	2,243
DOC	1,797	57	1,854
Combined Total Pre-Release Beds	3,854	243	4,097

Source: Carter Goble Lee; Percentages of 22% of county-sentenced bedspace needs;

16.5% applied to DOC sentenced bedspace needs.

As the above tables illustrate, the classification system has tremendous impact on the pre-release bedspace projection, with the target bedspace needs differing by 1,459 bedspaces for men, 1,500 total bedspaces. This becomes critical in determining the type and quantity of bedspaces to build in a phased plan. With a classification system that results in more inmates eligible for pre-release, meeting the need of the projected population can be achieved by building fewer 'secure' general custody beds which are typically more expensive to build and operate.

A key CMP goal is to institute a state-wide comprehensive step-down program to transfer eligible DOC inmates in the last 6-12 months of their sentence into the Sheriff facilities of their originating counties. This will enable inmates to make connections to community resources while still incarcerated, supporting a successful reintegration into the community, and ultimately a lower rate of recidivism. Although the total bedspaces needed in the system does not change, the impact of shifting some DOC population to the Sheriffs would result in fewer DOC general custody bedspaces and more Sheriff pre-release bedspaces.

While recommending DOC step-down into Sheriff facilities, the CMP also recommends the continued use of existing DOC and Sheriff pre-release facilities in addition to new bedspaces in either renovated structures, new structures or leased facilities. New bedspaces should be provided in regional facilities ranging in size from 50 to 200 beds. Further, since these spaces would ideally be located near town centers with employment and educational opportunities as well as community resources, it may be possible and desirable to consider leasing facilities.

In order to assess the order of magnitude of pre-release bedspace shortfalls on a regional basis, pre-release bedspace capacity in DOC and Sheriff facilities have been combined and bedspace shortfalls summarized by the regions in Tables ES-8 utilizing the current and proposed classification system.

Table ES-8 Men Pre-Release Beds by Region – Phase 1

Jurisdiction	2020 Pre-release Bedspace Current Classification			2020 Pre-release Bedspace Proposed Classification			Pre-release Bedspace Goals				Pre-release Bedspaces Phase 1		
	Need	Repurposed	Shortfall	Need	Repurposed	Shortfall	Existing	Repurposed	New	Total	Existing	New	Total
Northeast Region	787	0	(147)	1,281	0	(641)	640	0	410	1,050	640	200	840
Central Region	649	0	45	1,140	0	(446)	694	0	206	900	694	100	794
Southeast Region	467	458	(9)	703	458	(246)	0	458	142	600	458	200	658
West Region	491	0	(290)	730	0	(529)	201	0	424	625	201	100	301
TOTALS	2,395	458	(447)	3,854	458	(1,861)	1,535	458	1,182	3,175	1,993	600	2,593

Assuming a gradual shift from the current classification system towards the proposed classification system and the successful implementation of system-wide DOC step-down, the male pre-release bedspace need will approach 3,854 bedspaces with an estimated shortfall of 1,861 bedspaces after potential capacity improvements are implemented and a surplus of beds 458 general custody bedspaces in the Southeast Region are shown as repurposed. Yet if the current classification continues, the shortfall is estimated at less than 500 bedspaces.

In addition to the impact of classification reform, potential sentencing reform may result in an increase of inmates eligible for pre-release and may also include a more widespread use of electronic monitoring devices which could



decrease bedspace need. As the ultimate impact of these initiatives is not clear, approximately 3,200 pre-release bedspaces was set as a reasonable goal, less than the proposed classification system would suggest but slightly more than the current classification would require. This would require the addition of almost 1,200 new bedspaces.

As part of the Initial Capital Plan, the CMP recommends the addition of 600 pre-release bedspaces, spread out across regions. As these new pre-release bedspaces will not address the total needs of every Sheriff and the DOC, the addition of new beds should be considered for use by multiple jurisdictions. Governance, formal agreements, and eligibility criteria must be negotiated with DOC, the Sheriffs and Probation to ensure the success of this strategy.

Sex Offender Treatment Population

In the context of the CMP, the Sex Offender Treatment Population includes those inmates in DOC's 30 month *Core Treatment Phase*. These offenders fall into two categories: 1) criminally charged and participating in treatment and 2) 'sexually dangerous persons' civilly committed after completion of a criminal sentence for sexual offence that are considered a continued risk. These two categories currently total 627 inmates, of which 47% are civilly committed.

The CMP recommends the transfer of the 'sexually dangerous persons' currently housed in DOC's Massachusetts Treatment Center (MTC) to DMH, assuming it would result in a more cost-effective delivery of treatment with potential federal reimbursement otherwise not available in DOC's custody. With a CMP Baseline Capacity of 417 and a Potential Capacity of 557, MTC has limited capacity for growth and is in poor condition. The bedspace projections for the sex offender treatment population are summarized below. Absent the successful reallocation of the civilly committed population to DMH, the bedspace need increases to approximately 599 special treatment bedspaces.

Table ES-9 Special Treatment Bedspace Needs for Sex Offender Population

	2009 ADP	2020 Bedspace Need
Sex Offenders - criminal sentences	332	353
Sexually Dangerous - civil commitments	295	247
Combined Total Beds	627	599

Source: Carter Goble Lee; June 2009

Criminal offenders 2008 ADP includes 1/3 of NCCI's ADP

Depending on whether the civil commitments are transferred, the bedspace need and approach could vary. Three possible approaches to housing and treating this population include:

1. **Reuse existing facilities:** Continue to use the existing MTC (with potential capacity improvements) for specialized sex offender programming until demand exceeds its Potential Capacity of 557 bedspaces.
2. **Build into new facilities:** Provide the projected bedspaces of 353 sex offenders (and 247 civilly committed if required) into the proposed new DOC medical/mental health facilities, increase their proposed size.
3. **Combined repurposing and new facilities/ expansions:** Repurpose and expand Bridgewater State Hospital (258 Potential Capacity beds) site for criminally sentenced sexual offenders (and civil commitments if required), allowing the repurposing of MTC as a medium custody facility for general population inmates.

As there is capacity to house this population at MTC in the short term, the addition of new bedspaces for this population is not a priority. However, reassignment of civil commitments to DMH should be advanced.



Summary of Capital Requirements for Special Custody Offenders

Tables ES-10 and ES-11 below summarize the bedspace needs for special populations, applying current and proposed classification systems. These bedspace needs will total 5,742 to 7,192 with shortfalls ranging from 2,152 to 3,602 bedspaces.

Table ES-10 Special Population Bedspace Needs for 2020 - Current Classification

Special Needs Populations - excluding civil commitments	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces Needed	Totals
Women	1,416	924	187	321	1,432
Pretrial	492				
Sentenced Secure Beds (Med & MH beds incl. below)	924	924	187	321	1,432
Pre-release (Incl. in Pre-release count below)	202				
Medical / Mental Health	1,271	-	-	1,271	1,271
Sub-acute Medical - Men	603				
Sub-acute Medical -Women	32	0	0	635	635
Sub-acute Mental Health - Men	603				
Sub-acute Mental Health-Women	32	0	0	635	635
Pre-Release/Reentry	2,597	1,607	520	561	2,687
Men	2,395	1,535	458	447	2,439
Women	202	72	62	114	248
Sex Offenders	353	353	-	-	353
Criminal Sentenced	353	353			353
TOTAL	5,636	2,884	707	2,152	5,742

Notes: Assumes all new sub-acute medical & mental health beds - exist. beds have not been deducted from general capacity counts; Repurposed beds: Women pre-lease @ Barnstable, Berkshire and Bristol; SE Region male general custody surplus repurposed as pre-release; MTC for Sex Offenders

Table ES-11 Special Population Bedspace Needs for 2020 - Proposed Classification

Special Needs Populations - excluding civil commitments	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces Needed	Totals
Women	1,376	924	187	319	1,430
Pretrial	492				
Sentenced Secure Beds (Med & MH beds incl. below)	883	924	187	319	1,430
Pre-release (Incl. in Pre-release count below)	242				
Medical / Mental Health	1,271	-	-	1,271	1,271
Sub-acute Medical - Men	603				
Sub-acute Medical -Women	32	0	0	635	635
Sub-acute Mental Health - Men	603				
Sub-acute Mental Health-Women	32	0	0	635	635
Pre-Release/Reentry	4,096	1,607	520	2,012	4,139
Men	3,854	1,535	458	1,861	3,854
Women	242	72	62	151	285
Sex Offenders	353	353	-	-	353
Criminal Sentenced	353	353			353
TOTAL	7,096	2,884	707	3,602	7,192

Notes: Assumes all new sub-acute medical & mental health beds - exist. beds have not been deducted from general capacity counts; Repurposed beds: Women pre-lease @ Barnstable, Berkshire and Bristol; SE Region male general custody surplus repurposed as pre-release; MTC for Sex Offenders



Civilly Committed Population

Over 600 individuals that have *no criminal charges* are currently incarcerated in DOC facilities. Inclusion of this population within the Corrections System is unique to Massachusetts, particularly alcohol and substance abuse cases. This seems to result from a lack of community-based treatment programs. In fact, due to the limited community-based programs, it has been reported that some civil commitments have criminal holds placed on them to ensure they receive treatment in the DOC. As the community-based programs have been expanded, the number of Section 35 (Alcohol and Substance Abuse) detainees within the DOC has been decreasing. In fact, DOC has been able to reduce the population at MASAC due to available beds at the Men's Addiction Treatment Center, a nonprofit treatment center in Brockton. Keeping civil commits in the DOC's MASAC facility will reduce the DOC's ability to provide treatment to their inmate populations who have no other alternative for treatment.

These populations include mentally ill, sexually dangerous persons and alcohol / substance abuse populations. Table ES-12 summarizes the additional bedspace needs projected for these populations.

Table ES-12 Projected Civil Commitments – Mentally Ill & Alcohol / Substance Abuse

Civil Commitments	2009 ADP	2020 Projected Bedspace Need
Mentally Ill	227	242
Alcohol / Substance Abuse (Section 35's)	92	183
Sexually Dangerous Persons	295	247

Notes: All civil commits are male except 17 female Section 35's

The CMP recommends that these civil commitments, when possible, be treated in community-based programs so that reimbursement from Medicaid, Medicare, or private insurance can be pursued and are therefore not included in the future bedspace needs. The estimated 671 projected bedspaces for *all* civil commitments constitute an additional 46% of DOC's estimated bedspace shortfall.

Given the limited number of existing bedspaces and the overwhelming need for these sub-acute bedspaces for mentally ill inmates, utilizing bedspaces for civilly committed individuals is simply not affordable or cost-effective. Understanding that security levels must be assessed, the CMP recommends that the responsibility for some or all of the civilly committed mentally ill be transferred to the care of the Department of Mental Health (DMH) if possible. In fact, DMH currently cares for female mentally ill civil commitments. Should this not be possible, the mentally ill civil commits should be added to the sub-acute mental health bedspace need, increasing from 635 to approximately 877.

Understanding the overlapping and duplicate services provided by DMH, DPH, and DOC is needed to determine the most cost-effective means of addressing the needs of these populations in the Commonwealth.

GENERAL CUSTODY INCARCERATION

General custody, in the CMP, includes the general population of sentenced *male* inmates and pretrial male detainees (excluding civil commitments, pre-release, sex offender treatment population, and inmates requiring sub-acute medical or mental health care). These general custody bedspaces are referred to in the CMP as *secure bedspaces* as they are typically located within the secure perimeter (Minimum custody is included as the critical distinction is eligibility for pre-release / DOC step-down to Sheriff facilities). General custody embraces all levels of security classification from minimum to maximum, including inmates that must be segregated due to behavior and disciplinary reasons.



Depending on the classification system applied, male general custody bedspaces will represent between 74% and 79% of the system's total bedspaces of almost 27,000 in 2020, the difference a result of more pre-release beds in the proposed classification system.

As Tables ES-13 and ES-14 illustrate, classification has a tremendous impact on need and by extension on shortfalls. The resulting need for male general custody in 2020 is projected to range from 19,895 bedspaces to 21,355 bedspaces, a difference of almost 1,500 (1,460) secure bedspaces. As more inmates are classified for pre-release and DOC step-down, the need for 'secure' bedspaces reduces, also reducing capital and operating costs.

**ES-13 Total Male General Custody Bedspace Need
Current Classification**

Type Bedspace	2020 Bedspaces
Total Bedspace Need for Pretrial and Sentenced Populations (excludes Acute Care & Civil Commitments)	26,991
Special Needs Bedspace Needs (Includes Women, Sub-acute Medical & Mental Health, Pre-release, and Sex Offenders)	-5,636
Male General Custody Secure Beds (excludes Pre-release)	21,355

**ES-14 Total Male General Custody Bedspace Need
Proposed Classification**

Type Bedspace	2020 Bedspaces
Total Bedspace Need for Pretrial and Sentenced Populations (excludes Acute Care & Civil Commitments)	26,991
Special Needs Bedspace Needs (Includes Women, Sub-acute Medical & Mental Health, Pre-release, and Sex Offenders)	-7,096
Male General Custody Secure Beds (excludes Pre-release)	19,895

Based on CMP Baseline Capacity criteria, there is an estimated general custody bedspaces shortfall ranging from 5,700 to 7,100 bedspaces, depending on classification. With the implementation of Potential Capacity improvements, almost 4,500 bedspaces can be realized within existing facilities, significantly reducing the need for new bedspaces.

Tables ES-15 and ES-16 summarize bedspace needs, capacities, and shortfalls regionally, and by custody level. These tables combine general custody bedspaces by region, assuming *surplus beds in one county would be used to offset a shortfall in another county in the same region*. Although this may not be feasible in all locations, the estimate serves as a starting point in determining where new bedspaces are needed. With the repurposing of bedspaces and the continuation of the current classification system, 1,200 new bedspaces in the DOC and 2,200 new bedspaces for Sheriffs combined would be required.

ES-15 Male General Custody Bedspaces – Current Classification

General Custody Types	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces	Totals
DOC					
Maximum	1,912	2,869	(957)		1,912
Medium	6,299	4,319	957	1,023	6,299
Minimum	1,205	1,036		169	1,205
DOC TOTALS	9,416	8,224	0	1,192	9,416
Sheriffs					
Northeast Region	3,801	2,671		1,130	3,801
Central Region	3,241	2,452		789	3,241
Southeast Region*	2,405	2,405		0	2,405
West Region	2,491	2,222	14	255	2,491
Sheriff TOTALS	11,939	9,750	14	2,174	11,939
TOTAL	21,355	17,974	14	3,366	21,355

Excludes special population beds at MASAC, MTC, Bridgewater, Shattuck; Repurposed beds are exist. women beds in Franklin & Hampshire, Maximum to Medium; Exist. Maximum beds may be less due to MCI Cedar Junction conversion; * 458 general custody beds to be repurposed for Pre-release



As shown in Table ES-16, with the implementation of the proposed classification system, potential capacity improvements and repurposing, the DOC could have a surplus of general custody bedspaces although the expansion of support and program spaces may still be required. However, should civil commitments remain in DOC's custody, an additional 400 bedspaces would be needed (BSH would continue to house mentally ill civil commits).

ES-16 Male General Custody Bedspaces – Proposed Classification

General Custody Types	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces	Totals
DOC					
Maximum	1,574	2,869	(1,295)		1,574
Medium	5,062	4,319	1,295	-552	5,062
Minimum	1,321	1,036	552	-267	1,321
DOC TOTALS	7,957	8,224	552	(267)	7,957
Sheriffs					
Northeast Region	3,801	2,671		1,130	3,801
Central Region	3,241	2,452		789	3,241
Southeast Region*	2,405	2,405		0	2,405
West Region	2,491	2,222	14	255	2,491
Sheriff TOTALS	11,939	9,750	14	2,174	11,939
TOTAL	19,895	17,974	566	2,174	19,895

Excludes special population beds at MASAC, MTC, Bridgewater, Shattuck; Repurposed beds are exist. women beds in Franklin & Hampshire, 1,295 Maximum to Medium, 348 Medium to Minimum; Exist. Maximum beds may be less due to MCI Cedar Junction conversion; * 458 SE general custody beds to be repurposed for Pre-release

With potential capacity improvements, in either classification system, maximum custody bedspaces would be in excess and should be repurposed to medium custody. Additionally, approximately 500 of the DOC's bedspaces (Potential Capacity) are in modular wood facilities which are maintained beyond their life spans. Most of these (324) are medium custody and may need to be replaced, depending upon success with reclassification.

Moving forward, it is clear that the implementation towards the proposed classification system and potential capacity improvements can dramatically reduce the need for new general custody bedspaces. New multi-jurisdictional general custody facilities should be developed regionally to provide for the future needs. DOC's overflow could also be handled in these multi-jurisdictional facilities as these improvements and reclassifications are being implemented.

SUMMARY OF NEW BEDSPACES BY REGION

With funding limitations, the Commonwealth cannot sustain the status quo. In order to meet the challenges in 2020 and beyond, a more integrated, cost-efficient and effective Corrections System that requires collaboration of stakeholders is absolutely essential. The CMP recommends a regional approach to addressing the total shortfall ranging from 5,500 to 6,000 bedspaces. Benefits of this approach include:

- Adds flexibility to the system as populations expand or contract
- Provides critical size of populations for cost-effective programs and services
- More efficiency in building fewer, larger facilities and the ability to address the needs of multiple jurisdictions in the short term with limited funding
- Maintains proximity to communities
- By consolidating new shared bedspaces, the system can begin to address improving conditions in existing facilities and expanding access to programs.



As this approach is a departure from current practices, many factors must be addressed to ensure its success. Therefore, the CMP recommends that working committees including representatives from EOPSS, DOC, Sheriffs, DCAM and ANF be convened to collaborate on the following issues to this end:

- Governance of multi-jurisdictional facilities
- Jurisdictional agreements between Sheriffs
- Inmate classification to implement DOC step-down and multi-jurisdictional facilities
- Medical and Mental Health Care issues
- Pre-release / re-entry programs and strategy to reduce recidivism
- Operational Costs
- Transportation / Technology upgrades

Tables ES-17 and ES-18 summarize the new bedspace needs by region for DOC and Sheriffs combined for 2020 using the current and proposed classification systems. The bedspace needs shown in these tables assume all CMP Baseline Capacity beds remain as currently purposed. However, in the case of women beds, efficiencies and cost-effective programming may be better realized by housing larger number of women in fewer regional centers. This could result in building more new women beds in one location and repurposing existing women beds in another location for use by men.

ES-17 New DOC & Sheriff Bedspaces Needed by Region – Current Classification

Region	CMP Baseline Capacity	Potential Capacity	New Male General Custody	New Women Beds		New Medical /Mental Health	New Male Pre-release Beds	Total New Beds	Total Beds (Potential Capacity)
				Pre-release	General				
Northeast Region	2,645	3,521	1,130	40	227		147	1,544	5,065
Central Region	7,886	10,879	1,773	62		750	*	2,584	13,463
Southeast Region	3,640	4,688	208	12		520	9	750	5,438
West Region	2,578	2,749	255		94		290	639	3,388
Totals	16,749	21,837	3,366	114	321	1,270	447	5,517	27,354

Note: * denotes Male Pre-release bedspace surplus of 45 beds in Central Region

ES-18 New DOC & Sheriff Bedspaces Needed by Region – Proposed Classification

Region	CMP Baseline Capacity	Potential Capacity	New Male General Custody	New Women Beds		New Medical /Mental Health	New Male Pre-release Beds	Total New Beds	Total Beds (Potential Capacity)
				Pre-release	General				
Northeast Region	2,645	3,521	1,130	50	226		641	2,047	5,568
Central Region	7,886	10,879	785	85		750	446	2,065	12,944
Southeast Region	3,640	4,688	4	16		520	246	785	5,473
West Region	2,578	2,749	255		93		529	877	3,626
Totals	16,749	21,837	2,174	151	319	1,270	1,861	5,775	27,612

ADDITIONAL STATE-WIDE IMPROVEMENTS

Beyond the addition of bedspaces, other critical overarching support functions must also be improved if the system is to become more efficient through greater integration and cooperation.

Pre-Arrestment Incarceration

Unlike many other States, in the Commonwealth the responsibility for the pre-arrestment process currently rests with municipalities and the State Police. Many of the existing 300 local lockups are understaffed and without



adequate facilities (such as for alcohol and/or drug withdrawal, suicide watch, meals preparation, visiting, day rooms, or showers) for holding arrestees beyond a very short timeframe. Sheriff facilities are better equipped to handle the myriad of issues surrounding arrestees and can implement comprehensive intervention programs that divert as many as possible from pretrial incarceration through the establishment and funding of both local pretrial intervention and probation and parole supervisory programs. Therefore, the overarching CMP recommendation is that as efforts are made to achieve a more integrated system, Sheriff facilities' intake and lockup capabilities should be assessed in the context of regional needs. Where regional lockup capacity in Sheriff facilities are available or planned as part of a capital project (renovation or new), local lock-ups should be closed and the entire pre-arraignment and arraignment process should be assigned to the Sheriffs.

Technology

Without a more integrated approach to information management, capital dollars invested to improve existing facilities and create new correctional facilities will not result in a more integrated, effective and cost-efficient system. While the correctional system regularly invests in technology, a more coordinated approach, taking into consideration the impact on all correctional agencies as well as the plans of other criminal justice agencies is required.

A comprehensive planning effort in 2006 resulted in a vision for expanding MaSSNet into an integrated system that would serve all criminal justice agencies to provide seamless interaction and information sharing of critical, complete, timely, and secure information to criminal justice personnel and decision makers, accessible at any time, from any device, in any location across the Commonwealth. Expansion of the system should also provide sharable information with non-criminal justice agencies with statutory authority to support public health, public safety and homeland security, human services, and other government and public services.

The comprehensive technology plan that is underway at the state level will be the foundational platform for the correctional component. Specific technological opportunities identified during the CMP to augment the operation of facilities and services that should be considered as a part of MaSSNet are summarized below:

- **Fingerprint-based records** available to correctional, parole, and community corrections to assure the identification and monitoring of offenders and support standardized booking and processing;
- **Telemedicine applications** that would expedite diagnosis, reduce expenditures for medical personnel, and eliminate expensive transportation of inmates to medical facilities;
- **Electronic medical records** that would provide access to agencies throughout the process and result in cost savings associated with the transfer of confidential medical information between stakeholders;
- **Video arraignment** from county jails and local courthouses that would significantly expedite the pre-arraignment process and reduce the time of incarceration;
- **Video visitation** that would provide greater opportunities for more frequent contact between families and offenders while reducing the spatial needs at correctional facilities;
- **Inmate kiosks** that would provide inmates with a single source for managing their inmate account, maintaining their inmate plan, choosing visitation times, and other uses that would reduce staff's time.
- **Transportation database** and scheduling capability expanded for Sheriffs

Coordination with the ongoing work is required to include these available technologies as a part of an integrated management system. Consolidating technology funding to better coordinate and evaluate capital requests towards the development of an integrated regional model is recommended.



Inmate Transportation

The movement of inmates is a major annual expenditure for both the DOC and Sheriffs and normally includes a variety of destinations such as jails and prison transfers, courts, medical centers, interstate transfers and special purpose trips.

Although the DOC maintains a Central Transport Unit (CTU) that schedules trips and maintains a database of use, the cost per inmate trip is very high at \$391 per trip (compared to the Washington DOC's \$50.78 per trip cost). Without improved efficiencies, the infrastructure supporting this system is not cost-effective.

While a comprehensive centralized statewide system may not be the answer, a regional service model at minimum should be considered. However, because data is not consistently tracked by all Sheriffs, it is difficult to determine what options for regionalization or consolidation are truly feasible. The addition of a shared web-based transportation database that includes scheduling and tracking of use is required and recommended in order provide the data for further analysis. Additionally, if this software was available to all Sheriffs and the scheduling information shared, it is likely that trip sharing would naturally develop between Sheriffs and the DOC.

The need for a more integrated transportation system will be even greater with the implementation of the CMP's regional approach. Long term, full implementation of the following inter-related recommendations will require a cooperative effort by the DOC and Sheriffs:

1. **Develop Uniform Dispatching, Data Reporting, Accounting, and Transport Guidelines** – A joint effort by all participating agencies to develop a uniform inmate transport dispatch, data reporting, and accounting system that could be tailored to be suitable to any agency's local needs and conditions while also providing generic monthly statistical reporting to enable monitoring of system's performance.
2. **Pursue Development of a Fixed Route Scheduled DOC System** – The DOC should assess the feasibility of implementing a fixed-route scheduled system within the CTU using much larger capacity vehicles.
3. **Sheriffs' Deliver All New Sentenced Inmates to Regional Centers** – The DOC and Sheriffs should consider counties transporting newly DOC-sentenced inmates to designated regional DOC facilities for temporary transfer holding, making transfer to the designated DOC reception/intake center more efficient.
4. **Implement a Central Vehicle Purchase Program** – The improved service should also be supported by a central vehicle purchase system made available to the DOC and all Sheriffs to take advantage of lower cost purchase prices via the state's greater purchasing power from bulk procurements.
5. **Review Classification and Change of Custody Issues** – A more uniform classification system can clarify change of custody issues that will be required in a more integrated transportation system.

Accessibility

Accessibility will be a critical component in the implementation of the Corrections Master Plan. There are two distinctly separate sets of accessibility laws with which state-owned facilities must comply.

- **The Rules and Regulations of the Massachusetts Architectural Access Board (MAAB)**, part of the MA State Building Code 780 CMR. As these requirements are part of the building code, design and construction professionals are accustomed to incorporating these requirements into facilities.



- **The American with Disabilities Act (ADA)** is federal civil rights law. Title II of the ADA describes the obligations of public entities. Whereas the focus of the MAAB is on physical requirements, the ADA expands this focus to policies and procedures and access to programs, and services.

Program access is a term unique to the application of Title II. The obligation of “program access” is that the public entity operate each program, service, and activity so that each of them, “when viewed in its entirety, is readily accessible to and usable by individuals with disabilities.”

Although existing facilities may need to be physically altered to make programs, services and activities accessible to individuals with disabilities, the ADA *does not* necessarily require a public entity to make each of its existing facilities accessible to and usable by individuals with disabilities. For example, if a public entity operates two pre-ADA (1991) facilities that have the same programs, services, activities, and security classification, but only one has architecturally accessible cells, Title II program access requirements would permit an inmate with disabilities to be housed in the facility with the accessible cells, in lieu of requiring architectural modifications at the other facility.

Alternative methods of making programs, services, and activities accessible in existing buildings include redesign of equipment; reassignment of services to accessible buildings or accessible spaces within buildings; assignment of aides to beneficiaries; making programs available electronically; and delivery of services at alternate accessible sites, among others.

The required minimum number of accessible cells is 3% (with a minimum of one) in alterations and new construction, dispersed across all classification levels. With each new CMP project, addition, or alteration, the number and distribution of accessible cells should be evaluated on a facility basis. When alterations occur, the new number of accessible cells should be provided within the altered area or at least within the same facility, unless technically infeasible, in which case, accessible cells can be provided elsewhere in the system. Other elements of correctional facilities must also comply with accessibility standards in order to provide access to a correctional facility’s programs, services, and activities for inmates and visitors with disabilities.

As the Commonwealth begins to address the bedspace needs into 2020, it is imperative that accessibility compliance be ‘front and center’ in the evaluation of alterations to existing facilities as well as the construction of new facilities. Consistent with the CMP’s regional approach, providing program access throughout the system will require strategic evaluations of the system as a whole. As the DOC has multiple facilities of the same custody level, program accessibility can be met by targeting specific facilities in each custody level. A regional analysis of Sheriff facilities is needed to determine how the Commonwealth can most effectively ensure program accessibility for all inmates. *The CMP recommends the system-wide development or updating of Transition Plans for all DOC and Sheriff facilities.*

Sustainability

With anticipated population and current overcrowding, it is clear that the expansion of facilities to address bedspace needs and program requirements will be required. With this expansion, the reduction of energy consumption and greenhouse gas emissions in compliance with Executive Order 484 is mandated. The 2020 targets outlined in EO484 include a 40% reduction of greenhouse emissions, a 35% reduction in energy consumption of State-owned and leased facilities, procurement of 30% of electricity consumption from renewable sources, a 15% reduction of potable water, the use of bio-heat products, and the requirement that all new buildings and major renovations meet the Mass. LEED Plus green building standard established by the Massachusetts Sustainable Design Roundtable. Beyond 2020, further reductions are targeted.



In addition to EO484, the CMP incorporates several additional core sustainable strategies that seek to optimize use of the existing facilities, minimize the amount of new construction, incorporate energy efficiency improvements, and create operational efficiencies whenever possible.

These sustainable strategies can be summarized as follows:

- **Improve existing structures to gain bedspace capacity (Potential Capacity improvements)**
By implementing potential capacity improvements in existing facilities, greater efficiency is possible. This strategy allows for the reduction of new bedspaces in new facilities, shifting the focus to creating greater energy efficiency in existing buildings.
- **Develop Multi-jurisdictional Facilities**
As bedspace demands fluctuate among jurisdictions, the addition of Multi-jurisdictional facilities can add flexibility into the system, reducing the likelihood that bedspaces would be underutilized. This strategy allows for a more even distribution of populations as bedspace needs vary and enables a more efficient means of addressing bedspace needs.
- **Emphasis on Pre-release Facilities**
With the implementation of a classification system that enables more inmates to participate in pre-release and re-entry programming, the CMP seeks to better prepare inmates for re-entry, ultimately reducing recidivism, and decreasing the need for more bedspaces. Also on a daily basis, pre-release / re-entry inmates spend a greater amount of their time outside of the facilities, resulting in less energy consumption at these facilities.
- **Consolidation of special populations**
By consolidating special populations, the system can provide programs more effectively and efficiently.
- **Expanded use of technology to improve operational efficiency**
The CMP recommends the expanded use of technology to improve operations and reduce inmate transportation. Some of these measures are tele-medicine, tele-conferencing and electronic records.
- **Transportation**
The CMP recommends the implementation of web-based transportation scheduling to encourage trip sharing between the DOC and the Sheriffs in order to reduce trips. Additionally, consideration should be given to increasing the size of the vehicles used and instituting some consistent route schedules.
- **Facility upgrades prioritization**
Energy efficiency and greenhouse gas emission reductions will be critical criteria in the prioritization of capital funds for facility improvements.

In support of these sustainable strategies and target reductions in energy consumption and greenhouse emissions, DCAM's Energy Team will continue to implement major energy projects.



SUMMARY OF THE 2020 BEDSPACE NEEDS AND COST

New Bedspaces and Potential Capacity Improvements

Significant capital investment and annual operating cost increases will be required to address the 2020 projected bedspace needs. However, implementing classification towards a less risk-averse system that requires less costly bedspaces and implementing potential capacity improvements to gain as many as 4,200 additional bedspaces in existing facilities can have a dramatic impact on these costs.

In fact, total project costs can be reduced from a range of \$1.29 billion – \$2.31 billion associated with the current classification system without potential capacity improvements to a range of \$792 million to \$1.43 billion with the proposed classification system and potential capacity improvements. Similarly, potential annual operating cost increases of as much as \$120 million can be reduced significantly.

Table ES-19 summarizes these 4 scenarios, including breakdowns between special populations and general custody bedspaces and illustrating the possible cost ranges.

Table ES-19 2020 Capital Cost Estimate Scenarios—Capacity & Classification System

Bedspace Type	Total Project Cost (TPC)	
	Housing	Facility
CMP Capacity with Current Classification System		
Special Populations	\$386,841,092	\$716,169,672
General Custody	\$900,848,004	\$1,592,466,909
Total - Special & General	\$1,287,689,096	\$2,308,636,581
CMP Capacity with Proposed Classification System		
Special Populations	\$480,803,980	\$875,758,405
General Custody	\$716,543,251	\$1,261,416,363
Total - Special & General	\$1,197,347,232	\$2,137,174,768
Potential Capacity with Current Classification System		
Special Populations	\$350,243,201	\$654,008,124
General Custody	\$451,034,937	\$804,157,049
Total - Special & General	\$801,278,138	\$1,458,165,173
Potential Capacity with Proposed Classification System		
Special Populations	\$446,110,688	\$817,245,712
General Custody	\$307,996,687	\$552,400,020
Total - Special & General	\$754,107,374	\$1,369,645,731

- **CMP Baseline Capacity with the Current Classification System:**
Total Project Cost: \$1.3 billion to \$2.3 billion dollars in 2009 dollars, *without* escalation

This scenario is the most costly because the current classification system requires a greater number of higher custody bedspaces and does not assume the addition of potential capacity bedspaces in existing facilities.

- **CMP Baseline Capacity with the Proposed Classification System: Table ES-20**
Total Project Cost: \$1.2 billion to \$2.14 billion dollars in 2009 dollars, without escalation



This scenario illustrates the financial benefit of a more aggressive reclassification system even without the benefit of potential capacity bedspaces as the proposed classification system assumes a greater number of DOC inmates in less costly minimum and pre-release bedspaces.

- **Potential Capacity with the Current Classification System:**

Total Project Cost: \$801.3 million and \$1.5 billion in 2009 dollars, without escalation

Although the current classification system requires a greater number of higher custody bedspaces, this scenario assumes that targeted capacity improvements can be implemented in existing facilities to add as many as 4,200 bedspaces, resulting in significant capital cost savings.

- **Potential Capacity with the Proposed Classification System:**

Total Project Cost: \$754 million and \$1.4 billion in 2009 dollars, without escalation

This scenario represents the greatest opportunity for savings, illustrating the financial benefit of a more aggressive reclassification system in addition to the benefit of potential capacity bedspaces. Should legislative reforms reduce mandatory minimum sentences, additional savings could be realized in capital costs and annual operating costs, in addition to reducing recidivism and the incarcerated population.

Existing Facility Improvements

Facility deferred maintenance and facility upgrade requests beyond the scope of routine operating budgets are submitted annually to DCAM's CAMIS database. Currently, the estimated cost for improvements requested by Sheriffs and the DOC and/or identified by DCAM Facilities Maintenance and Management Division's staff or their consultants totals approximately \$538 million. This figure cannot be considered all inclusive for the following reasons:

- Many identified projects have not been assigned costs or have assigned costs dated back as far as 2000.
- Requests may not include preventive maintenance or code compliance repairs, including accessibility.
- These requests are frequently limited to repairs with costs less than \$1 million and do not include upgrades or higher cost renovations that would be considered minor capital projects.
- Sheriffs who are new to the state's system have just begun in 2010 to enter their requests into the CAMIS database.

An annual budget for facilities maintenance and upgrades at 2% - 4% of replacement value is not uncommon. Although not all Sheriff facilities have been assigned replacement values in the CAMIS system (Bristol, Plymouth, Hampden's Chicopee site, Dukes and Norfolk are not valued), the total replacement cost in CAMIS for those facilities included comes to \$4.1 billion dollars. At 2% - 4%, *annual* maintenance budgets would range between \$82 million to \$164 million. However, these budgets do not account for the backlog of deferred maintenance from previous cycles.

As a result of difficult budget cycles, varying priorities, and competency of maintenance staff, deferred maintenance costs grow and are not always consistently or thoroughly documented. Although facility maintenance requests are submitted annually to DCAM, these requests may not be comprehensive, may not include all necessary preventive maintenance and code compliance repairs, and/or be prioritized in a manner consistent with the larger goals of the Corrections System.

For these reasons, the \$538 million can be viewed as a *minimum* amount needed for existing condition improvements.



PHASE 1 CAPITAL PLAN

With identified capital investments to meet the 2020 needs for the Corrections System estimated in the range of \$2 billion, in addition to a potential increase in annual operating costs of as much as \$120 million, it should be clear that the current system is unsustainable. Consolidation, reorganization, and collaboration by stakeholders will be critical to enable the Commonwealth to meet its obligation moving forward.

Based on the authorization of \$550M (Chapter 304 of the Acts of 2008), the CMP proposes a first phase capital plan. The plan includes a strategic increase in specialized and general custody bedspaces, potential capacity improvements to gain bedspaces in existing facilities, and an allocation for prioritized upgrades to existing facilities.

Phase 1 – New Bedspaces

New bedspaces recommended in Phase 1 focus on special populations and are summarized in Table ES-20. By providing these specialized bedspaces, general custody bedspaces can be vacated to begin to alleviate crowding. The bed counts in the table below serve as a starting point. The actual new beds to be provided in each specific facility must consider site capacity, operational and staffing efficiencies and a more detailed analysis that is typically part of the required building study process.

Table ES-20 Recommended Phase 1 New Bedspaces

CMP Phase 1 - Recommended New Beds						
Region	Women Beds		Medical / MH	Male Beds		Total
	Pre-release	General		Pre-release	General	
Northeast Region		225		200		425
Eastern MA Women's Correctional*		225				225
Women Pre-release Beds						0
Male Pre-release				200		200
Central Region		0	500	100	500	1,100
MCI Framingham*		Study				0
New Medical / Mental Health Facility			500			500
Male Pre-release - location TBD				100		100
Women Pre-release Beds						0
Multi-jurisdictional General Custody-TBD					500	500
Southeast Region		0	0	200		200
Male Pre-release -locations TBD				200		200
West Region		100	0	100		200
Western MA Women's Correctional		100				100
Male Pre-release -Hampshire				100		100
Totals		325	500	600	500	1,925

Notes: Beds counts are preliminary and must be assessed in Building Studies; All new women bedspaces may not be feasible at Suffolk HOC site. Additional study of MCI Framingham recommended.

Women Bedspaces – approximately 325 new bedspaces: \$40 million to \$72 million

The CMP recommends expanding three existing successful programs into regional women's centers by adding approximately 325 new bedspaces. Since programs exist and the new bedspaces will be provided in addition to the existing facilities, it is expected that the capital costs would tend toward the lower end of the range.

- Western MA Regional Women's Correctional Center in Chicopee
- Eastern MA Regional Women's Correctional Center at the Suffolk House of Corrections
- Central MA Regional Women's Correctional Center at MCI Framingham

Additional study of MCI Framingham and Suffolk HOC is required to determine the site capacity and feasibility of adding new bedspaces to reduce crowding and address needs for the Central and East Regions.



Sub-acute Medical and Mental Health Bedspaces - approximately 500 new bedspaces: \$106 to \$200 million

Assuming a maximum size of 500 beds, one new dual function medical and mental health facility is recommended for Phase 1. Prior to launching a new building study, a more in-depth Needs Assessment Study is required to assess acuity levels. Since the bulk of the DOC inmate population are in facilities in the Central and Northeast Regions and proximity to medical schools for staff is important, the CMP recommends that priority be given to locating the new medical facility in or near the Central and Northeast Regions.

Male Pre-Release/Reentry Bedspaces - approximately 600 new bedspaces: \$40 million to \$68 million

Pre-release/reentry facilities housing 600 new bedspaces should contain or have access to support space for a range of release preparation activities that are the foundation for changing the current rate of re-offending. The facilities should be varied to provide an inmate with a progression of environments in preparation for independent living and should be near community centers to provide access to jobs, permanent housing, and public transportation.

The greatest return on investment will likely be derived from the pre-release/reentry programs. The distribution of new bedspaces is recommended as follows:

- Northeast Region – 200 beds
- Central Region – 100 beds
- Southeast Region – 200 beds
- West Region – 100 beds

General Custody Bedspaces - approx. 500 new bedspaces: \$62 million to \$110 million

In order to build flexibility into the system, the CMP recommends building a new multi-jurisdictional general custody facility in the Central Region. Although governance issues must be addressed, the 500 multi-jurisdictional bedspaces proposed for the Central Region would reduce crowding in several counties by providing space to transfer various populations and create a 'relief valve' for the system as a whole. By doing so, additional space could be made available in selected counties to accommodate additional male pretrial inmates closer to local courts, including 52A's. Siting and design of this multi-jurisdictional facility should consider options that would provide a portion of the bedspaces to address the need for a Southern Middlesex Jail presence (due to the decommissioning of the Cambridge Jail).

Estimated capital costs for the Phase 1 Bedspaces are summarized in Table ES-21.

Table ES-21 Capital Cost Estimate – Phase 1 New Bedspaces

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	325	74,750	149,500	\$40,327,625	\$71,909,500
Subacute Medical & MH	500	162,500	325,000	\$105,625,000	\$200,687,500
Men - Pre-release	600	111,000	231,000	\$39,682,500	\$67,567,500
Subtotal Special Populations	1,425	348,250	705,500	\$185,635,125	\$340,164,500
Men- General Custody - Medium	500	112,500	225,000	\$62,156,250	\$109,687,500
Total New Beds	1,925	460,750	930,500	\$247,791,375	\$449,852,000

The 1,925 Phase 1 New Bedspaces have estimated capital costs in the range of \$248 million to \$450 million. For purposes of the CMP, approx. \$350 million is estimated to be needed for the Phase 1 new bedspaces.



Phase 1 – Potential Capacity Improvements and Existing Conditions Upgrades

The remaining \$200 million in the authorization of \$550M (from Chapter 304 of the Acts of 2008) is recommended for potential capacity improvements, existing conditions upgrades and contingency for potential scope revisions associated with Phase 1 New Beds.

Potential capacity improvements are estimated to range between \$40 million and \$85 million, depending on the degree of reclassification implemented. As previously outlined, approximately \$538 million of identified existing conditions deferred maintenance requests are listed in DCAM's CAMIS database. Based on these figures, it is clear that careful assessment and prioritization is needed to determine the best use of the \$200 million allocation.

PHASE 1 INITIAL STEPS

The CMP has focused on the capital expenditure necessary to meet the projected 2020 bedspace needs in the Commonwealth. Although a capital plan, creating a more efficient and cost-effective system requires initiatives far beyond 'brick and mortar' projects. The CMP is based on the assumption that a series of steps will be undertaken toward advancing policy and operational changes to produce a more effective, efficient, flexible and integrated correctional system in the Commonwealth. To this end, the following steps are proposed as an integral part of the CMP.

1. Based on the CMP criteria, reassess current Design and Rated Capacities to enable the creation of a more consistent and compliant inventory from which to evaluate overcrowding more effectively.
2. Begin discussions on implementing a shared classification system which is less risk-averse to enable a more aggressive step-downing of DOC inmates into pre-release facilities.
3. Begin stakeholder discussions on implementing a multi-jurisdictional governance structure for new multi-jurisdictional facilities and for governance input on the expansion of existing women's facilities into regional centers.
4. Appoint a CMP Implementation Committee to monitor progress in achieving the recommendations of the Corrections Master Plan and provide a progress report at critical intervals, focusing on operational and legislative initiatives.
5. In coordination with the MaSSNet initiative, develop a comprehensive program that expands technology to improve pre-arraignment, video conferencing, tele-medicine, transportation, classification, records-keeping and other services including better coordination between criminal justice agencies.
6. Implement a shared transportation database for scheduling and tracking trips to enable a possible reduction of trips by adjacent facilities and lay the foundation for a future comprehensive transportation system.
7. Investigate a centralized system for purchasing of vehicles and other common items to gain cost savings for all Sheriffs and the DOC.
8. Implement a Needs Assessment Study that identifies the acuity levels and medical and mental health care delivery options for the Corrections System.
9. Begin discussions focused on re-assigning civilly committed persons to non-correctional agencies.
10. Begin operating budget realignment to enable the removal of Federal inmates from Sheriff facilities.



11. Implement legislative and policy reforms such as sentencing reform, classification changes, pre-trial diversion, compassionate release, and incarceration alternatives that could reduce the need for bedspaces.

Essentially, a Strategic Master Plan defines a direction for the future, based on the goals and criteria defined today. Any plan must be constantly monitored and periodically updated to reflect ever evolving conditions and policies that will alter priorities. The CMP proposes means to improve existing conditions, but does not reflect an absolute solution to the complex needs of the correctional system. Ongoing involvement of all stakeholders is required to implement the direction proposed and to continually improve and inform the process to create a more integrated, efficient and cost-effective Corrections System in 2020 and beyond.



The Corrections Master Plan The Final Report

CMP Summary

CMP Summary

- Mandate from Governor was to look at it as a single system – finding efficiencies, better cost effectiveness and improvements to services
- Process involved national consultant team – STV and Carter Goble Lee – led a process of workshops with Sheriffs and DOC to identify major issues and opportunities, site visits to all facilities, group presentations to EOPSS, Sheriff's Association and DOC (as well as ANF).
- Population projections applied to new standards-based capacity indicates a bedspace shortfall of over 10,000 beds by 2020, ranging in capital cost from \$1.3 to \$2.3 billion, not including escalation or requested repairs to existing facilities estimated at \$1 billion – clearly not sustainable, exceeding the \$550 million available through the C.304 bond bill. Plus annual increase in operating estimated at as much as \$120 million.
- Requires strategic capital planning in addition to careful consideration of legislative initiatives and policy changes to stem the current trend
- Major recommended strategies include:
 - Implement potential capacity improvements to gain as much as 4,500 bedspaces in existing facilities, reducing new bedspace need to under 5,800
 - Provide new general custody bedspaces in regional and/or multi-jurisdictional facilities to provide more flexibility and enable the construction of fewer buildings to address the needs of multiple jurisdictions more cost-effectively.
 - Implement more aggressive step-down of DOC inmates into new Sheriff-run pre-release facilities to reduce recidivism, house eligible inmates in less costly, lower custody bedspaces and freeing up general custody bedspaces.



CMP Summary

- Introduce sub-acute care medical and mental health bedspaces in regional facilities to more effectively provide treatment and promote efficiencies in existing facilities currently struggling with these specialized needs.
- Address women inmate needs and overcrowding at MCI Framingham by consolidating populations for cost-effective programming with capital investment in 3 existing women facilities to create regional centers: MCI Framingham, Suffolk HOC, Western MA Women's Center in Chicopee.
- Encourage implementation of regionalized and/or centralized support services including more extensive use of technology (video-conferencing, tele-medicine, inmate records, etc), shared transportation database and scheduling software, and centralized vehicle purchasing.
- Additional sentencing reform needed to reduce length of sentences, address obstacles to programming access, etc. building on gains made in the most recent crime bill.
- Implementation of a less risk-averse classification system shared by Sheriffs and DOC to support transfer of inmates into pre-release and multi-jurisdictional facilities.
- Investigate the reassignment of civil commitments from DOC's custody to non-correctional agencies
- Initial Capital Plan includes:
 - New bedspaces: 1,925 at approx. \$350 million
 1. 600 pre-release bedspaces
 2. 500 sub-acute Medical and Mental Health bedspaces in a specialized facility
 3. 500 general custody bedspaces in a multi-jurisdictional facility
 4. 325 women bedspaces in expansions to existing facilities
 - Existing facility improvements: \$200 million
 1. 4,200- 4,500 bedspaces from Potential capacity improvements
 2. Upgrades, repairs and contingencies
- Initiated Studies:
 - Pre-release facilities – Northeast Region: Essex County including intake expansion; West Region - Hampshire County
 - Women Facilities - East Region – Suffolk HOC Study; West Region - Western MA Women's Center Expansion in Chicopee
- Scoping for other new studies:
 - Medical and Mental Health facility study (needs assessment)
 - Multi-jurisdictional general custody facility (waiting for new Middlesex Sheriff's involvement)
 - Master Plan for Framingham to better determine best approach for the Women's Eastern region needs.
- Several ongoing repairs projects in various stages of study, design and construction.





The Corrections Master Plan
The Final Report

Chapter 1
Clarification of Incarceration
Needs

Chapter 1 Clarification of Incarceration Needs

Chapter 1 Clarification of Needs lays the framework for the basis of the Strategic Plan with a focus on the generation of 2020 population projections and bedspace needs and the redefinition of bedspace capacity of existing facilities.

CURRENT JURISDICTIONAL RESPONSIBILITIES

The Massachusetts Corrections system includes 14 Sheriff departments and the Department of Corrections who have distinct and different responsibilities.

Sheriff departments are responsible for the incarceration of inmates with sentences imposed by the Court system of 30 months or less in addition to confining defendants that are either a risk to the community or a risk to flee prior to trial (currently, approximately 35% of total sheriffs' beds). Today 65% of the Sheriffs' detained population is serving an average sentence of 8.5 months.

The DOC is responsible for inmates committed to sentences greater than 30 months. However, due to lack of capacity at some Sheriff facilities in the past, the DOC now houses some populations that are technically the responsibility of the Sheriffs who could be better and more efficiently served in Sheriffs' facilities. These populations include a large portion of females awaiting trial, female inmates sentenced to county sentences as well as some male pre-trial detainees with previous DOC convictions (so called Section 52A's)¹. The DOC is strained further by the additional responsibilities of housing and treating civilly committed populations (Mentally Ill, Substance Abuse and Sexually Dangerous Persons) as well as providing forensic evaluations for pretrial detainees at Bridgewater State Hospital.

While Sheriffs focus on the immediate stabilization (medical and detox) of pretrial detainees and the pre-release and re-entry programming to integrate inmates back into their communities, the DOC focus is on the longer term rehabilitation (and medical needs) associated with inmates serving longer sentences for more serious crimes.

Addressing the varying needs associated with these different populations while seeking opportunities to create a more integrated and cost-effective Corrections System in Massachusetts is the challenge of this Strategic Plan.

¹ M.G.L Chapter 276, Section 52 A provides for the transfer of pretrial detainees who have been previously incarcerated for a felony to the DOC



CURRENT POPULATION

Growth in the Department of Corrections population has largely been the result of the legislative imposition of mandatory minimum sentences that result in inmates remaining in the system for longer periods of time.

Over the past 10 years, the DOC population has fluctuated dramatically. From 1997 to 2007, the population actually decreased by 4.2%. However, this trend included a drop of 17% between 1997 and 2004 and a steady increase since. In 2007, the DOC inmate population grew by 3.7 %, outpacing neighboring states and tripling the national average. In fact, Massachusetts' sentenced prison population had faster growth than the nation as a whole. During the last 5 years prior to 2007, Massachusetts' sentenced population grew an average of 3.2 % while the nationwide state prison population grew an average of 1.7% per year. In 2008 and 2009, however, there was a slight decline.

In 2009, the Average Daily Population (ADP) housed in Massachusetts Correctional facilities totaled approximately 24,000. Of the total population, 5.6% were female.

- The total 2009 ADP in DOC facilities was approximately 11,300, including 628 civil commitments and 285 Section 52A detainees. Of the 11,300, a total of 772 were females (approximately 6.8%). Included in this 772 ADP were 430 female county sentenced and pretrial detainees.
- In 2009, the thirteen Sheriff departments (not including Nantucket) collectively had a total population of approximately 12,750 including approximately 1,000 federal and out-of-state. Of the 12,750, only 572 were females (4.5%). Approximately 33% of the population is pretrial detainees.

The DOC has made recent shifts in its classification approach towards assigning inmates to the lowest appropriate custody level. In 2009, approximately 65% of the population (excluding civil commitments) was classified as medium security with 18% at maximum and 17% at minimum / pre-release.

The challenge within the DOC involves addressing current overcrowding, determining how facilities and bedspaces should be used to accommodate reclassification, dealing with multiple populations that require separation and addressing special needs populations currently comingled with the general population. Likewise, challenges in the Sheriff facilities include overcrowding, the separation of pretrial and sentenced populations, a greater focus on reducing recidivism with increased pre-release/re-entry programming, and addressing the special needs populations.

BASIC ASSUMPTIONS IMPACTING INCARCERATION / POPULATION PROJECTIONS

During the course of this study, alternative means of managing offenders that must remain under a close form of community control have been discussed with representatives of various components of the criminal justice system. Many of these alternatives hold significant promise in the Commonwealth and should be carefully vetted for future consideration. However, the purpose of this plan was to identify the capital requirements of a system that has the potential to become far more integrated and responsive to the changing needs of incarceration including an emphasis on re-entry programming to reduce recidivism and on cost-effective strategies to deliver these services.

Although the projections of the future needs for incarceration have been based more upon a continuation of recent historical trends than upon dramatic interventionist measures requiring legislative and policy changes (discussed in Chapter 3), an overarching recommendation is that the Commonwealth exercise all possible haste to implement legislative and policy changes to be better aligned with the Commonwealth's priorities and objectives.



As a comprehensive plan for future expenditures, the projections were based upon a clearly established set of assumptions about the factors that will drive growth in Sheriff Departments and DOC inmate populations. These “drivers” are demonstrated and then discussed as opportunities for a more cost effective use of limited resources.

Incarceration Assumptions: The following set of assumptions was developed to guide the projection of future bedspace requirements in the system. Population projections have been allocated according to these assumptions.

1. The historical decline in the reported rate of violent crimes in Massachusetts will continue and will average less than 450/100,000 general population. Aggravated assaults will remain the highest percentage (65%) of the total reported violent crimes.
2. Property crime, while significantly lower than the national average, will continue to represent an annual average rate of less than 2,400/100,000 population compared to a national rate of 3,335/100,000.
3. Arrest rates will continue at less than 2,400/100,000 while the national rate remains at approximately 4,800/100,000. This benchmark has significant implications for counties as pretrial population is the exclusive responsibility of local government.
4. All pretrial offenders regardless of gender or offence will be assigned to the Sheriffs. Pretrial offenders (women and Section 52A's) held by the DOC for whatever reason will be returned to the Sheriff facilities located in or near the committing county (or into regional facilities for women) within a reasonable timeframe.
5. Sheriffs will continue to incarcerate inmates with sentences of 30 months or less in addition to pretrial offenders.
6. Within a reasonable timeframe, all federal inmates will be removed from Sheriff facilities in order to address overcrowding issues. This population has not been projected for Sheriff facilities. This represents a departure from current practices and will have an impact on the revenues supplementing current operating budgets.
7. The two factors that have most impacted the DOC census in recent years have been the number of new admissions with a sentence of less than five years (67%) and the accumulation of inmates with a life sentence (18% of the ADP). The less than five year sentenced inmates are largely drug-related offenders, while all of the inmates sentenced to life are violent offenders. These two categories will continue at the same percentage in the DOC system. Drug offenders will continue to represent 40% of the new commitments.
8. The median age of a DOC inmate will continue to be 37 years, or older. With the high percentage of inmates sentenced to life (18% of ADP) due to the mandatory minimum sentencing practices imposed by the judiciary, the requirements for long-term medical and mental health care will rise significantly.
9. The DOC will continue to implement a classification system that emphasizes a greater use of minimum custody. Over time, this trend will redefine the use of existing facilities and define the construction and staffing levels for future facilities.



System Recommendations: The financial lines of responsibility between the Sheriffs and the DOC in Massachusetts are different from 45 of the other state correctional systems. Historically, Sheriffs were funded from county coffers while the DOC was funded by the State. With the passage of the Acts of 2009 Chapter 61, the State Legislature now has control over funding for both the Sheriff and DOC corrections.

With the need for an investment in new and upgraded correctional facilities that far exceeds available funding, the traditional separation of responsibilities that has existed for decades is no longer sustainable. The CMP has become a vehicle for open discussion of the most cost effective options in order to achieve a more integrated system. Several broad recommendations arising from this CMP have driven the consideration of options however, these recommendations have not been assumed in the bedspace projections. They can be summarized as follows:

1. Through a coordinated effort involving the Executive, Legislative, and Judicial branches of Commonwealth government, all laws and policies that impact the ability to achieve a more integrated DOC and Sheriff Departments correctional system should be reviewed with specific recommendations offered regarding the elimination of barriers to a more efficient correctional system.
2. Through the initiative of the Judiciary and supported by the Legislative and Executive branches of government, the continued use of mandatory minimum sentences should be reviewed with an aim to returning to an acceptable form of indeterminate sentencing structure.
3. Efforts should be made to examine the feasibility and benefits of removing civilly committed inmates in the DOC and reassigning them to the appropriate non-correctional agency for care and accommodation.
4. In order to support an integrated “investment-in-corrections” plan for a more efficient and coordinated state-of-the-art corrections system, an appropriate organizational structure that includes EOPSS, the DOC and Sheriffs for specific facilities ‘governance as well as long range planning should be explored. Issues to be considered include the approach to care and custody, jurisdictional issues, potential opportunities for bulk purchasing, transportation scheduling, technology upgrades and other operational budget issues.

If significant intervention in correctional services does not occur, the ability to reduce recidivism and control the rising cost of incarceration will not be possible. By tradition, the criminal justice system is based on a “stove-pipe” approach to service delivery where each component of the system is first focused on their legislated, assigned, or assumed responsibility with the result tending towards fragmentation and inefficiency. The unique governance structure in the Commonwealth permits, and encourages, the elimination of barriers and, therefore, represents the framework for improving public safety and responsibility and the avoidance of duplicative expenditures.

BEDSPACE PROJECTION METHODOLOGY

Foundational to the development of the Strategic Plan is the forecast of bedspace needs for each Sheriff Department and the DOC, based on the assumptions previously outlined and by using each of the methods defined below. Weekly counts were collated by DCAM to develop historical ADP’s for Sheriff facilities, reassigning populations to their appropriate jurisdiction (instead of where they are currently housed) and excluding federal inmates.

DOC ADP’s used in the projections were based on the Quarterly Reports with Sheriff populations extracted. Because there was limited historical data for the originating counties of county-sentenced women held at DOC, snapshots were used to identify the appropriate distribution of this population to Sheriffs. DOC provided civil commitment populations, disaggregated by type and facility for 2006 through 2009. With limited data of civil commitments, sex offenders in core treatment and 52A’s, these populations were extrapolated based on data from 2006 through 2009



and deducted from the 2000 through 2005 DOC ADP's to create a consistent data set from which to base the projections. Civil commitments and 52A's were projected separately. Extrapolation, used when historic data was not available, assumes that conditions influencing civil commitments, 52A's and sentenced sex offenders in core treatment remained consistent since 2000.

Utilizing this data, the following methods were used to predict the future bedspace needs in 2020.

- Historical Trend Increase - Estimated future growth based on percentage change derived from available historical ADP data for 2000 to 2009.
- Actual Number Increase - Estimated future growth based on an actual number change derived from available historical ADP data for 2000 to 2009.
- Rate of Change of Incarceration Rate to Population - Linked the ADP projection to the area's current incarceration rate plus the historic average annual rate of growth. The rate is then multiplied by future population projections to estimate future ADP.
- Ratio to Population - Applied the current ratio of ADP to projected population.
- Linear Regression - Performs a regression analysis on the historic data.
- Exponential Smoothing ARIMA - Identifies levels and trends by smoothing the latest data points to decrease irregularity and adds a seasonality factor. This method is an alternate ARIMA method. It gives older data progressively less weight while new data is weighed more.
- Box-Jenkins ARIMA - Uses an Autoregressive Integrated Moving Average technique from a computerized formula. This method is typically used for accurate short-term projections of data that shows predictable repetitive cycles and patterns.

The statistically valid models were determined and averaged to project ADP based on historic trends. The ARIMA models with r-squared values lower than 0.8 were excluded, due to unexplained variance in historic data. The ARIMA model could not be used with extrapolated data.

In order to translate population (ADP) into bedspace needs, population projections were multiplied by a factor (5% for DOC and 15% for Sheriffs) to address varying custody needs such as single bunking for disciplinary cases as well as peaking factors. The larger percentage for Sheriffs is due to the greater range of custody levels accommodated at a single facility whereas DOC has multiple facilities to handle the different custody levels.

As will be discussed in later sections, sub-acute medical and mental health bedspaces were each calculated at 1.5% of the Sheriff bedspace needs and 3.5% of DOC's bedspace needs.

Based on this methodology, the summary of bedspace needs disaggregated by bedspace type, based on the current classification system and without any policy changes is illustrated in Table 1.1. Populations have been assigned by jurisdiction and not where they are currently housed (such as county women in DOC facilities). The exception is the 52A's, which are shown in the DOC pretrial male counts in the following table.



Chapter 1

Table 1-1 Summary Bedspace Needs in 2020 based on Current Classification without Policy Changes

	Pretrial (52A's in DOC)	Sentenced							Total Secure Beds: Sentenced and Pretrial	Total CMP Housing Sentenced + Pretrial	Civil Commitments				Total CMP Housing w/ civil commitments	Medical / MH Acute Care Bedspace Need
		General Population	Mental Health Sub-Acute Beds	Medical Sub-Acute Beds	Sex Offenders in Treatment	Total Secure Sentenced Beds	Pre-Release (DOC 16.5%, Sheriff's 22%)	Total Sentenced			Substance Abuse	Mentally Ill	Sexually Dangerous	Total Civil Commitments		
DOC																
Men	295	9,416	391	391	353	10,552	338	10,889	10,846	11,184	166	242	247	654	11,838	112
Women		306	12	12		330	16	346	330	346	17	-	-	17	363	3
Subtotal	295	9,722	404	404	353	10,881	354	11,235	11,176	11,530	183	242	247	671	12,201	115
Sheriffs																
Men	4,774	6,870	212	212	0	7,293	2,057	9,351	12,068	14,125					14,125	141
Women	492	618	20	20	0	658	186	844	1,151	1,336					1,336	13
Subtotal	5,267	7,488	232	232	-	7,952	2,243	10,194	13,218	15,461					15,461	155
Total Men	5,069	16,286	603	603	353	17,845	2,395	20,240	22,914	25,309	166	242	247	654	25,963	253
Total Women	492	924	32	32	-	988	202	1,190	1,480	1,682	17	-	-	17	1,700	17
Totals	5,561	17,209	635	635	353	18,833	2,597	21,430	24,394	26,991	183	242	247	671	27,662	270

Should no sentencing reforms be implemented, the 2009 ADP of approx. 24,000 (which includes over 1,000 federal and out-of-state inmates in Sheriff facilities and 628 civil commitments in the DOC) is expected to grow to approximately 24,425 excluding civil commitments in the DOC and federal and out-of-state inmates in Sheriff facilities. This 2020 population will require a total bedspace need of approx. 26,991. Although incarcerated population trends are flattening and in some cases declining, this increase represents a significant addition to the Massachusetts Corrections System. Additionally, as will be discussed in Chapter 2, additional bedspaces are needed to address ongoing overcrowding and ADA compliance. With limited funding available, maintaining the status quo is not sustainable. Every effort to implement reform will be required to meet the needs of the Corrections System in the future and over time, including sentencing reform, incarceration alternatives, programs to reduce recidivism and regionalization of facilities and services.

BASELINE CAPACITY REDEFINED

With the bedspace needs projected, an assessment of bedspace capacity in existing facilities is required in order to determine the number of new bedspaces and type of new bedspaces that will be required.

In compliance with M.G.L. Chapter 799, Section 21, overcrowding has been reported as the difference between the capacity reported at the time a facility was originally designed (**Design Capacity**) and the current number of inmates occupying the same facility. However, the use of the Design Capacity as a basis for reporting overcrowding presents a potentially misleading picture. Because design standards have been modified over the years, the resulting Design Capacities of facilities can vary quite dramatically, especially between very old facilities and recently constructed ones. Although the DOC revises capacity when facilities have been significantly renovated or circumstances warrant re-evaluation (**Rated Capacity**), this does not appear to be the case for all Sheriff facilities. In addition to building code requirements, the American Correctional Association (ACA) applies minimum space recommendations as part of the certification process. While these recommendations are a factor in certification, various remedies are allowed to enable an existing facility to attain or maintain certification even when those space recommendations cannot be met. And in fact, the ACA continually modifies these space recommendations. Although the basis of Occupancy Permits, Design Capacity does not factor in these changing standards and does not present a consistent basis for comparison of the level of overcrowding throughout the system.



A second method of reporting is “**Current Beds**” based on the existing bedspaces that a jurisdiction proposes in order to accommodate the demands placed on the system. While this approach is universally employed by operators, in law suits involving conditions of confinement, the court typically seeks a more “scientific” approach to defining capacity. Further complicating this is the reporting (or lack of reporting) of “non-conventional” beds. Non-conventional adjustments include the conversion of gymnasiums, storage areas and program spaces to dormitories to deal with overcrowding due to population surges. Although vetted with Code Officials, these measures are employed to address the demands within the system and are not ideal. An estimate prepared during the development of the CMP indicated that as many as 1,000 “non-conventional” beds were in the system at that time.

In short, a consistent definition of capacity is needed for planning purposes in order to determine the projected bedspace shortfall and for more consistently quantifying overcrowding across the system, including DOC and Sheriff facilities. While not intended to replace Design Capacity, a CMP Baseline Capacity was developed to evaluate all facilities utilizing consistent criteria. However, the CMP Baseline Capacity can be used to identify opportunities where Design Capacity should be further investigated for potential revision and where targeted improvements could yield a greater capacity.

To demonstrate the level of crowding and the importance of utilizing a consistent format for measuring capacity, a series of tables were developed. Bedspace numbers have been developed for each DOC and county correctional facility using three methods:

1. **Average Daily Population (ADP)** – The average daily population in 2009 as reported in the First Quarter of 2010 Overcrowding Report; it should be noted that the 2009 ADP’s for Sheriffs include federal and out-of-state inmates and detainees, as well as some 52A’s detainees. The DOC ADP included civil commitments as well as some county women and some 52A’s.
2. **Current Beds** – The number of beds *including handicapped accessible beds* that a facility reports.
3. **Design Capacity / Rated Capacity** – The number that has historically been used as the number of beds a facility intended to accommodate at initial occupancy. If additions have been made and/or the facility has been reassessed by a rating official, the design capacity reflects the additional bedspaces and is referred to as Rated Capacity. Non-conventional bedspaces are typically not included.

Table 1-2 on the following page illustrates the difference between 2009 ADP, Current Beds, and the original design capacity for DOC institutions. As shown in Table 1-2, facilities were operating at almost full capacity with few vacant current beds. The total ADP in DOC facilities in 2009 (ADP = 11,252 – *not including the Women & Children’s Program*) is very close to the current capacity (Current Beds = 11,968). In fact, when translating the 2009 ADP to bedspaces required by applying a multiplier of 5% for peaking and classification issues (discussed later in this Chapter), a total of 11,815 bedspaces would be expected. The difference between Current Beds and 2009 bedspace need is approximately 150 beds or 1.3% of the total beds. The total number of current beds exceeds the Design Capacity by 51% and the ADP is 42% above Design Capacity.

Only Massachusetts Alcohol and Substance Abuse Center (MASAC) had an ADP lower than the Design Capacity. North Central Correctional Institute (NCCI) Minimum had an ADP equal to the Design Capacity. The remaining facilities were operating over Design Capacity, ranging from 7% at MCI Cedar Junction to the most extreme example of MCI Concord operating at 212% above Design Capacity.

When comparing ADP to Design Capacity by custody, the greatest overcrowding is in Medium Custody at 55% over Design Capacity with Current Beds at 64% over Design Capacity. Minimum Custody beds appear to be the least overcrowded with the ADP at only 5% over the Design Capacity and the current beds at 33% over the Design Capacity. A



more aggressive reclassification system reassigning more inmates to minimum custody could alleviate some overcrowding in Medium Custody facilities in the short-term.

Table 1-2 Comparison of Current Bed and Design Capacity Definitions for DOC Facilities

Facility	ADP 2009	Current Beds	Design Capacity 2009	% ADP of Design Capacity	% Current Beds to Design Capacity
The Department of Correction					
Maximum Custody					
MCI Cedar Junction- incl 35 medium beds	676	695	633	107%	110%
Souza Baranowski Correctional Center	1,243	1,280	1,024	121%	125%
Sub Total	1,919	1,975	1,657	116%	119%
Medium Custody					
Bay State Correctional Center	314	318	266	118%	120%
Bridgewater State Hospital	346	394	227	152%	174%
L. Shattuck Hospital Correctional Unit - *not incl.	25*	29*	24*	NA	NA
Massachusetts Treatment Center	627	579	561	112%	103%
MCI Concord	1,303	1,368	614	212%	223%
MCI Framingham	613	696	452	136%	154%
MCI Norfolk	1,511	1,472	1,084	139%	136%
MCI Shirley (Medium)	1,198	1,547	720	166%	215%
North Central Correctional Institute (Medium)	1,000	948	568	176%	167%
Old Colony Correctional Center (Medium)	812	820	480	169%	171%
Southeastern Correctional Center	NA	NA	NA	NA	NA
Sub Total	7,724	8,142	4,972	155%	164%
Minimum Custody					
Mass Alcohol & Substance Abuse Center	139	236	236	59%	100%
MCI Plymouth	205	250	151	136%	166%
MCI Shirley (Minimum)	276	342	249	111%	137%
North Central Correctional Institute (Minimum)	30	30	30	100%	100%
Old Colony Correctional Center (Minimum)	156	160	100	156%	160%
Sub Total	806	1,018	766	105%	133%
Minimum/Pre-Release Custody					
Boston Pre-Release Center	189	175	150	126%	117%
Northeastern Correctional Center	267	268	150	178%	179%
South Middlesex Correctional Center	154	186	125	123%	149%
Pondville Correctional Center	193	204	100	193%	204%
Women & Children Program - previously not occupied - not assessed					
Sub Total	803	833	525	153%	159%
Total Department of Correction	11,252	11,968	7,920	142%	151%

Source: STV and DCAM; October 2010

Since the support core (non-housing areas) in most institutions was sized based upon the original design, even small increases in current beds to Design Capacity can create operational and staffing problems and must be considered.

Using the same definitions, Table 1-3 on the following page demonstrates the capacities and ADP in Sheriff facilities.

In the aggregate, the Sheriffs' facilities appear to be more crowded than the DOC facilities if simply comparing the Design Capacity and the Current ADP. Collectively, in this scenario the Sheriffs are operating at a level of crowding of 48% above Design Capacity. Current bedspace capacity is 74% above the Design Capacity. Based upon the Sheriff's Current Beds, 14,963 bedspaces are available for an ADP of 12,739. Translating the 2009 ADP to bedspace need by applying a multiplier of 15% for classification and peaking (discussed later in this Chapter), 14,650 bedspaces would be expected. The



Chapter 1

difference between Current Beds and 2009 bedspace need is approximately 313 beds or 2.1% of the total beds. However, the 2009 ADP's in some Sheriff facilities included federal and out-of-state inmates, estimated at over 1,000. Translating the 2009 ADP to bedspace needs, 1,150 beds are being used by inmates not in the jurisdiction of the Massachusetts Corrections System. With these inmates excluded, there would be an excess of approximately 1,463 bedspaces, or approximately 9.8% of the current inventory.

Table 1-3 Comparison of Current Bed and Design Capacity Definitions for Sheriff Facilities

Facility	ADP 2009	Current Beds	Design Capacity 2009	% ADP of Design Capacity	% Current Beds to Design Capacity
Sheriff Departments					
Barnstable County Correctional Facility	402	588	300	134%	196%
Barnstable County Correctional Satellite	NA	NA	NA	NA	NA
Berkshire County Jail & HOC	349	572	288	121%	199%
Berkshire County - Satellite Facility	NA	NA	NA	NA	NA
Bristol County Jail & HOC	1,159	1,210	360	322%	336%
Bristol County Jail (Ash Street)	180	212	206	87%	103%
Dukes County Jail & HOC	30	38	19	158%	200%
Essex HOC - Middleton	1,185	1,371	500	237%	274%
Essex-Lawrence Correctional Center	362	340	135	268%	252%
Essex Women in Transition (WIT)	44	24	23	191%	104%
Franklin County Jail & HOC	268	330	144	186%	229%
Hampden County Jail & HOC - Ludlow	1,402	1,588	1,178	119%	135%
Hampden County Correctional Alcohol Center	174	182	125	139%	146%
Western Mass Regional Women's Corr. Center	150	230	228	66%	101%
Hampshire County Jail & HOC	285	280	248	115%	113%
Middlesex County HOC	841	1,183	874	96%	135%
Middlesex County Jail	369	274	161	229%	170%
Norfolk County Jail & HOC	647	744	302	214%	246%
Norfolk Satellite (Braintree)	-	-	52*	NA	NA
Plymouth County Jail & HOC	1,270	1,727	1,140	111%	151%
Suffolk County HOC	1,698	1,983	1,146	148%	173%
Suffolk County Jail (Nashua Street)	713	777	453	157%	172%
Worcester County Jail & HOC	1,211	1,310	790	153%	166%
Total Sheriffs	12,739	14,963	8,620	148%	174%

Source: STV and DCAM; October 2010

Of the 23 Sheriff Department facilities, 5 are operating at more than double the original Design Capacity (shown as over 200% in the table over). Only 3 facilities had ADP's less than their Design Capacity.

Considering the combined capacity of both DOC and Sheriff facilities, Table 1-4 demonstrates that of the 16,540 bedspaces that constitute the total Design Capacities of the correctional institutions, there were 24,000 (23,991) inmates and detainees, or approximately 7,460 individuals housed over the Design Capacity. Excluding the approximately 1,000 federal and out-of-state inmates in Sheriff facilities, the additional inmates reduce to 6,460.

Table 1-4 Comparison of Current Bed and Design Capacity Definitions for DOC and Sheriff Facilities

Facility	ADP 2009	Current Beds	Design Capacity 7/10/08	% ADP of Design Capacity	% Current Beds to Design Capacity
Combined DOC and Sheriffs Total	23,991	26,931	16,540	145%	163%
Source: STV and DCAM; October 2010					



Not surprising, the current beds align with 2009 bedspace needs since the DOC and Sheriffs must provide the needed bedspaces on demand with limited resources and in the best manner possible. As previously discussed, Design Capacity as a measure of overcrowding must be reconsidered in order to consistently address overcrowding and improve conditions moving forward.

Finding a definition of capacity that aligns with the preferred operational method and management philosophy of 13 Sheriffs and the DOC is difficult, but essential in order to consistently and fairly evaluate facilities relative to each other as well as to determine **bedspace shortfall** (defined as the difference between projected bedspace need and the bedspace capacity). Several approaches to establishing a uniform definition of capacity were considered including a benchmarked, but non-analytically supported, method of simply multiplying the initial Design Capacity times 1.33 (representing a crowding index of 33%). This method would yield a bedspace supply of approximately 22,000 across the entire system.

Another method considered was the application of the American Correctional Association (ACA) physical plant standards for Adult Correctional Institutions (ACI) and Adult Local Detention Facilities (ALDF) against all existing DOC and Sheriff facilities. While the ACA standards have often been accepted by the courts as a reasonable basis for defining the constitutionally acceptable conditions for confinement, a great deal is left open for local interpretation. For example, calculation of the 35 unencumbered square feet per occupant in a single occupancy cell would mean that some old facilities would have to close existing cells in order to meet the standard. Yet, using these cells that are slightly smaller than the recommended size would not necessarily prevent ACA certification.

By applying both relevant ACA standards and State Building Codes that impact housing capacity, a **Corrections Master Plan (CMP) Baseline Capacity** was established for each correctional facility. The CMP Baseline Capacity *does not* represent the number of inmates expected to be housed at a given facility today and is not intended to replace Design / Rated Capacity. Rather, the CMP Baseline Capacity is a starting point in the planning for future bedspace needs. By applying a consistent set of criteria, the CMP Baseline Capacity also provides a means to compare facilities throughout the State, both Sheriff and DOC facilities, to understand the level of relative overcrowding and identify where Design Capacity should be re-evaluated.

In an effort to define this “realistic” and defensible capacity for planning purposes, the physical dimensions that provide the basis for the housing component were identified and included in the criteria that follow. The overarching requirement was that all components of the facility must meet local life safety regulations. As the Current Beds are greater than the CMP Baseline Capacity in almost all cases, the CMP Baseline Capacity does not override conditions previously reviewed by Code Officials and accepted as part of ACA certifications.

The CMP Baseline Capacity criteria are outlined as follows:

5. A single cell that provides less than 35 unencumbered square feet can be counted as a capacity of one.
6. With the exception of an undersized single cell, all sleeping areas must provide 25 unencumbered square feet per occupant or 50 unencumbered square feet for two inmates or 70 square feet total in a double cell.
7. Every housing unit dayroom must provide a minimum of 35 square feet per occupant in the unit that will occupy the dayroom at one time.
8. Per Massachusetts State Plumbing Code for Correctional facilities, the following plumbing fixtures are required:
 - A shower must be provided on the basis of one for every eight inmates assigned to the unit.



- For dormitory housing units, one toilet per 8 inmates and one wash basin for every 6 inmates assigned to the housing unit must be provided. For pre-release/minimum units that are not locked down, one wash basin for every 8 inmates is allowed.

Notably missing in these basic criteria for measuring the capacity of a facility is the importance of the support core. The ACA standards do not provide measurable physical standards for these areas, although performance measures are recommended. The aim of the CMP was to develop a defensible methodology that could be applied through a combination of “desktop reviews” of architectural plans supported by field inspections of the housing units. Clearly, evaluation of the support core will be required on a facility basis prior to increasing capacity. As there are very few cases where the CMP Baseline Capacity exceeds Current Beds, support cores would not be stretched further.

Existing handicapped accessible cell counts have been included in the CMP Baseline Capacity, where known. Although the CMP Capacity in most cases does not exceed the current beds and in many cases is less, this redefinition of capacity does not ensure that the correct percentage of cells are accessible and dispersed throughout all custody levels or that programs, services and support spaces are accessible from every custody level. Although Chapter 2 addresses existing conditions, a focused assessment of ADA compliance on a facility-by-facility basis is required to develop a detailed transition plan towards compliance.

Since the CMP Baseline Capacity’s focus is on permanent housing capacity, it includes all bedspaces that physically meet the criteria, with the exception of health services beds. Because each facility’s use of bedspaces to handle special management populations (such as disciplinary beds) vary dramatically and the CMP Baseline is developed by applying criteria to the existing bedspace inventory, a more fair and evenly accountable method to accommodate these operational issues was sought. Instead of deducting existing special management units from the CMP Baseline Capacity, these operational issues are handled on the bedspace need side of the equation. In order to translate population (ADP) into bedspace needs, population projections are multiplied by a factor (5% for DOC and 15% for Sheriffs¹) to address varying custody needs such as single bunking for disciplinary cases as well as peaking factors. In other words, the bedspace needs for each Sheriff and the DOC are increased to account for operational needs such as special management beds.

In most cases, the CMP Baseline Capacity will be less than the current ADP and Current Beds. As previously stated, the CMP Baseline Capacity *does not* represent the number of inmates expected to be housed at a given facility today and is not intended to replace Design / Rated Capacity. Without the addition of new bedspaces into the system or a reduction in the incarcerated population, the CMP Baseline Capacities (reduced further by 5-15% for operational issues) cannot be imposed.

In many cases, minor improvements were identified that would allow an increase in the CMP Baseline Capacity and possibly the Rated Capacity. Because these improvements would need to be assessed on a facility basis, **Potential Capacity** denotes the maximum capacity that can be achieved with the implementation of targeted improvements that address the criteria stated above. These improvements tend to focus on the addition of plumbing fixtures and/or controls. Handicapped accessible fixtures, cell counts and program accessibility would also need to be assessed prior to implementing these increased capacities. In cases where the CMP Baseline Capacity cannot be increased through minor improvements, the Potential Capacity equals the CMP Baseline Capacity.

Using this approach, Table 1-5 presents the proposed CMP Baseline Capacity and Potential Capacity of facilities and a summary of the improvements to each facility that will be necessary to attain the Potential Capacity. The percentage of handicapped accessible beds and plumbing fixtures must be assessed to confirm if the Potential Capacity is attainable.

¹ A larger percentage is applied to Sheriff ADP’s due to the broader range of classifications required at a single facility whereas DOC has a longer term population and multiple facilities to accommodate varying custody levels.



Chapter 1

Table 1-5 Comparison of Proposed and Existing Capacity Definitions

Facility	ADP 2009	Current Beds	Design Capacity 2009	CMP Baseline Capacity	Potential Capacity	Basis for Achieving CMP Capacity
The Department of Correction						
Maximum Custody						
MCI Cedar Junction	676	695	633	379	565	Add 27 shwr**
Souza Baranowski Correctional Center	1,243	1,280	1,024	1,152	2,304	Add 144 shower controls**
Sub Total	1,919	1,975	1,657	1,531	2,869	
Medium Custody						
Bay State Correctional Center	314	318	266	166	166	
Bridgewater State Hospital	346	394	227	250	258	Add 2 shwr**
L. Shattuck Hospital Correctional Unit	25*	29*	24*	24*	24*	*Not permanent housing, not included
Massachusetts Treatment Center	627	579	561	417	557	Add 20 shwr**
MCI Concord	1,303	1,368	614	595	595	
MCI Framingham	613	696	452	400	432	Add 2 sink, 18 shwr**, 2 toilet
MCI Norfolk	1,511	1,472	1,084	894	1,074	Add 22 shwr**, 6 sinks, 2 toilets
MCI Shirley (Medium)	1,198	1,547	720	1,040	1,560	Add 65shwr**
North Central Correctional Institute	1,000	948	568	426	450	Add 3 shwr**
Old Colony Correctional Center	812	820	480	240	270	Add 32 shower controls**
Southeastern Correctional Center	NA	NA	NA	NA	NA	Unoccupied
Sub Total	7,724	8,142	4,972	4,428	5,362	
Minimum Custody						
Mass Alcohol & Substance Abuse Center	139	236	236	150	150	
MCI Plymouth	205	250	151	160	294	19 sinks, 15 shwr**, 15 toilets
MCI Shirley (Minimum)	276	342	249	306	370	sprinkler system
North Central Correctional Institute	30	30	30	30	30	
Old Colony Correctional Center	156	160	100	192	192	
Sub Total	806	1,018	766	838	1,036	
Minimum/Pre-Release Custody						
Boston Pre-Release Center	189	175	150	136	238	Add 14 sink, 10 shwr**, 4 toilets
Northeastern Correctional Center	267	268	150	136	160	Add 3 sinks, 2 shwr**, 2 toilets
South Middlesex Correctional Center	154	186	125	155	187	Add 3 sinks, 3 shwr**, 4 toilets
Pondville Correctional Center	193	204	100	178	210	Add 5 sinks, 5 shwr**, 5 toilets
Women & Children Program	-	-	-	-	-	CMP not assessed - previously unoccupied
Sub Total	803	833	525	605	795	
Total Department of Correction	11,252	11,968	7,920	7,402	10,062	
Sheriff Departments						
Barnstable County Correctional Facility	402	588	300	404	560	Add 20 shwr**
Barnstable County Correctional Satellite	NA	NA	NA	NA	NA	Unoccupied
Berkshire County Jail & HOC	349	572	288	516	580	Add 8 shwr**
Berkshire County - Satellite Facility	NA	NA	NA	NA	NA	Unoccupied
Bristol County Jail & HOC	1,159	1,210	360	813	865	Add 9 sinks, 7 shwr**, 4 toilets
Bristol County Jail (Ash Street)	180	212	206	74	74	
Dukes County Jail & HOC	30	38	19	26	26	
Essex HOC - Middleton	1,185	1,371	500	802	915	Add 17sinks, 14 shwr**, 12 toilets
Essex-Lawrence Correctional Center	362	340	135	174	328	Add 23 sinks, 11 shwr**, 3 toilets
Essex Women in Transition (WIT)	44	24	23	24	24	Leased Facility
Franklin County Jail & HOC	268	330	144	238	334	Add 12 shwr**
Hampden County Jail & HOC - Ludlow	1,402	1,588	1,178	1,098	1,098	
Hampden County Correctional Alcohol Ctr.	174	182	125	182	182	Leased Facility
Western Mass Reg. Women's Corr. Center	150	230	228	240	240	
Hampshire County Jail & HOC	285	280	248	304	315	Add 2 shwr**
Middlesex County HOC	841	1,183	874	684	987	
Middlesex County Jail	369	274	161	161	161	
Norfolk County Jail & HOC	647	744	302	372	458	Add 13 sinks, 7 shwr**
Norfolk Satellite (Braintree)	-	-	52*	52*	52*	*Unoccupied, not included in total
Plymouth County Jail & HOC	1,270	1,727	1,140	914	1,442	Add 58 shwr
Suffolk County HOC	1,698	1,983	1,146	1,077	1,574	Add 34 sinks, 38 shwr**, 2 toilets
Suffolk County Jail (Nashua Street)	713	777	453	432	442	Add 5 shwr**
Worcester County Jail & HOC	1,211	1,310	790	812	1,170	Add 11 sinks, 41 shwr**, 9 toilets
Total Sheriffs	12,739	14,963	8,620	9,347	11,775	
Combined DOC and Sheriffs Total	23,991	26,931	16,540	16,749	21,837	

Source: STV and DCAM; October 2010; ** = where new showers are not feasible, possible shower controls to be provided instead; Does not include Bristol ICE Bldg



The total CMP Baseline Capacity in the Corrections System today is 16,749 bedspaces, close to the Design Capacity (16,540) but significantly less than the approximately 22,000 capacity derived from the 1.33 multiplier method.

Table 1-5 also includes the Potential Capacity of each facility based on implementing specific improvements related to the standards used to derive the CMP Baseline Capacity. Should these improvements prove to be feasible, the system capacity can be increased to approximately 21,837 beds, an additional 5,088 beds.

In the comparison of Design Capacity to CMP Baseline Capacity, of note is the collective decrease in DOC bedspaces and the collective increase in Sheriff bedspaces. While DOC's capacity is reduced by 518 beds (6.5% reduction) when comparing Design Capacity to CMP Baseline Capacity, the Sheriffs' facilities collectively increase by 727 beds (8.4% increase). One quarter of the Sheriff facilities (5 of 20) have CMP Baseline Capacities lower than their Design Capacities compared to half (11 of 20) of DOC facilities with lower CMP Capacities.

Table 1-6 on the following page illustrates the comparison between CMP Baseline Capacities and Potential Capacities to the 2009 ADP at each facility. By applying the CMP Baseline Capacity criteria and comparing it to 2009 ADP's, it becomes clear that DOC is operating at 52% over its CMP Baseline Capacity as opposed to 42% over its Design Capacity. This suggests that the bedspace conditions in DOC facilities collectively are actually worse than the Design Capacity would indicate.

On the other hand, the Sheriffs collectively are operating at 36% over their combined CMP Baseline Capacity as opposed to 48% over the combined Design Capacity. This suggests that the bedspace conditions in Sheriff facilities *collectively* are better than the Design Capacities would indicate, although still overcrowded. This is not surprising because a significant capital investment has been made over the last 10 years on Sheriff facilities. With the elimination of federal and out-of-state inmates included in the ADP's, the overcrowding could be alleviated further to 36% over Design Capacity and 26% over CMP Baseline Capacity.

While comparisons to 2009 ADP do not take any growth into account, they do illustrate facilities relative to each other in 2009. Potential Capacity illustrates the maximum increase of bedspaces within existing facilities without new construction, (limited in large part to the addition of plumbing fixtures) and indicates opportunities to increase Design Capacity and alleviate crowded conditions. With these improvements, the combined DOC and Sheriff crowding can be reduced to 10% over Potential Capacity as opposed to 45% over Design Capacity or 43% over CMP Baseline Capacity.

The DOC has 10 of 20 facilities where these improvements can yield Potential Capacities greater than their Design Capacity. Of the 20 Sheriff facilities, 13 facilities show potential for increased capacity after improvements. Although the DOC's total CMP Baseline Capacity is less than its total Design Capacity, there is an opportunity to increase capacity by as much as 2,660 bedspaces, a 36% increase over CMP Baseline Capacity. Collectively, an increase of 2,428 bedspaces, a 26% increase over CMP Baseline Capacity of Sheriff facilities may be possible.

In fact, in 8 DOC facilities and 8 Sheriff facilities the potential capacity improvements can result in capacity greater than the 2009 ADP. These facilities include Souza Baronowski, MCI Shirley Medium, MCI Plymouth, MASAC, MCI Shirley Minimum, Boston Pre-release, SMCC, and Pondville in the DOC and Sheriff facilities in Barnstable, Berkshire, Franklin, 2 facilities in Hampden, Hampshire, Middlesex, and Plymouth counties. Evaluation of the feasibility and relative need for these improvements at each facility should be undertaken as a means to increase capacity in the short term. Compared to the 2009 ADP, the DOC facilities' overcrowding could be reduced to 12% above Potential Capacity instead of 42% over Design Capacity while the Sheriffs' overcrowding could be reduced to 11% over capacity instead of 45% over Design Capacity. With the removal of approximately 1,000 federal inmates from Sheriff facilities, the overcrowding could be reduced to 3%.



Chapter 1

Table 1-6 Comparison of Capacities to 2009 ADP

Facility	ADP 2009	Design Capacity 2009	% ADP of Design Capacity	CMP Baseline Capacity	%ADP of CMP Capacity	Potential Capacity	% ADP of Potential Capacity
The Department of Correction							
Maximum Custody							
MCI Cedar Junction	676	633	7%	379	178%	565	120%
Souza Baranowski Correctional Center	1,243	1,024	121%	1,152	108%	2,304	54%
Sub Total	1,919	1,657	116%	1,531	125%	2,869	67%
Medium Custody							
Bay State Correctional Center	314	266	118%	166	189%	166	189%
Bridgewater State Hospital	346	227	152%	250	138%	258	134%
L. Shattuck Hospital Correctional Unit	25*	24*	NA	24*	NA	24*	NA
Massachusetts Treatment Center	627	561	112%	417	150%	557	113%
MCI Concord	1,303	614	212%	595	219%	595	219%
MCI Framingham	613	452	136%	400	153%	432	142%
MCI Norfolk	1,511	1,084	139%	894	169%	1,074	141%
MCI Shirley (Medium)	1,198	720	166%	1,040	115%	1,560	77%
North Central Correctional Institute	1,000	568	176%	426	235%	450	222%
Old Colony Correctional Center	812	480	169%	240	338%	270	301%
Southeastern Correctional Center	NA	NA	NA	NA	NA	NA	NA
Sub Total	7,724	4,972	155%	4,428	174%	5,362	144%
Minimum Custody							
Mass Alcohol & Substance Abuse Center	139	236	59%	150	93%	150	93%
MCI Plymouth	205	151	136%	160	128%	294	70%
MCI Shirley (Minimum)	276	249	111%	306	90%	370	75%
North Central Correctional Institute	30	30	100%	30	100%	30	100%
Old Colony Correctional Center	156	100	156%	192	81%	192	81%
Sub Total	806	766	105%	838	96%	1,036	78%
Minimum/Pre-Release Custody							
Boston Pre-Release Center	189	150	126%	136	139%	238	79%
Northeastern Correctional Center	267	150	178%	136	196%	160	167%
South Middlesex Correctional Center	154	125	123%	155	99%	187	82%
Pondville Correctional Center	193	100	193%	178	108%	210	92%
Women & Children Program	-	-	-	-	-	-	-
Sub Total	803	525	153%	605	133%	795	101%
Total Department of Correction	11,252	7,920	142%	7,402	152%	10,062	112%
Sheriff Departments							
Barnstable County Correctional Facility	402	300	134%	404	100%	560	72%
Barnstable County Correctional Satellite	NA	NA	NA	NA	NA	NA	NA
Berkshire County Jail & HOC	349	288	121%	516	68%	580	60%
Berkshire County - Satellite Facility	NA	NA	NA	NA	NA	NA	NA
Bristol County Jail & HOC	1,159	360	322%	813	143%	865	134%
Bristol County Jail (Ash Street)	180	206	87%	74	243%	74	243%
Dukes County Jail & HOC	30	19	158%	26	115%	26	115%
Essex HOC - Middleton	1,185	500	237%	802	148%	915	130%
Essex-Lawrence Correctional Center	362	135	268%	174	208%	328	110%
Essex Women in Transition (WIT)	44	23	191%	24	183%	24	183%
Franklin County Jail & HOC	268	144	186%	238	113%	334	80%
Hampden County Jail & HOC - Ludlow	1,402	1,178	119%	1,098	128%	1,098	128%
Hampden County Correctional Alcohol Ctr.	174	125	139%	182	96%	182	96%
Western Mass Reg. Women's Corr. Center	150	228	66%	240	63%	240	63%
Hampshire County Jail & HOC	285	248	115%	304	94%	315	90%
Middlesex County HOC	841	874	96%	684	123%	987	85%
Middlesex County Jail	369	161	229%	161	229%	161	229%
Norfolk County Jail & HOC	647	302	214%	372	174%	458	141%
Norfolk Satellite (Braintree)	-	52*	NA	52*	NA	52*	NA
Plymouth County Jail & HOC	1,270	1,140	111%	914	139%	1,442	88%
Suffolk County HOC	1,698	1,146	148%	1,077	158%	1,574	108%
Suffolk County Jail (Nashua Street)	713	453	157%	432	165%	442	161%
Worcester County Jail & HOC	1,211	790	153%	812	149%	1,170	104%
Total Sheriffs	12,739	8,620	148%	9,347	136%	11,775	108%
Combined DOC and Sheriffs Total	23,991	16,540	145%	16,749	143%	21,837	110%



Chapter 1

Based on the results of the CMP Baseline Capacity criteria, opportunities to increase Design Capacity / Rated Capacity should be investigated further even though the ADP's still exceed all capacity definitions in many cases.

Table 1-7 illustrates the impact of the CMP Baseline Capacity and Potential Capacity to Current Beds for the DOC with bedspace differences listed and also expressed as a percentage. Not surprising, applying the CMP Baseline Capacity criteria results in reductions for all custody levels in the DOC, totaling a combined reduction of 4,333 from Current Beds. The bedspace reductions by custody level are summarized below and in Table 1-7:

- **Maximum:** - 444 bedspaces
- **Medium:** -3,714 bedspaces
- **Minimum:** -180 bedspaces
- **Pre-Release** -228 bedspaces

With a 46% decrease of the current medium custody beds, the greatest reductions in capacity are at MCI Concord (-773), OCCC Medium (-580), MCI Norfolk (578), NCCI Medium (-522) and MCI Shirley Medium (-507). However, this decrease can be reduced to 34% with potential capacity improvements.

Table 1-7 Comparison of the CMP Capacity & Potential Capacity to Current Beds - DOC

Facility	Current Beds	CMP Baseline Capacity	Bedspace Difference: Current to CMP	% Bedspace Difference Current to CMP	Potential Capacity	Potential Bed Increase over CMP	Bedspace Difference: Current to Potential	% Bedspace Difference Current to Potential
The Department of Correction								
Maximum Custody								
MCI Cedar Junction	695	379	(316)	-45%	565	186	(130)	-19%
Souza Baranowski Correctional Center	1,280	1,152	(128)	-10%	2,304	1,152	1,024	80%
Sub Total	1,975	1,531	(444)	-22%	2,869	1,338	894	45%
Medium Custody								
Bay State Correctional Center	318	166	(152)	-48%	166	0	(152)	-48%
Bridgewater State Hospital	394	250	(144)	-37%	258	8	(136)	-35%
L. Shattuck Hospital Correctional Unit	29*	24*	NA		24*	0	-	0%
Massachusetts Treatment Center	579	417	(162)	-28%	557	140	(22)	-4%
MCI Concord	1,368	595	(773)	-57%	595	0	(773)	-57%
MCI Framingham	696	400	(296)	-43%	432	32	(264)	-38%
MCI Norfolk	1,472	894	(578)	-39%	1,074	180	(398)	-27%
MCI Shirley (Medium)	1,547	1,040	(507)	-33%	1,560	520	13	1%
North Central Correctional Institute (Medium)	948	426	(522)	-55%	450	24	(498)	-53%
Old Colony Correctional Center (Medium)	820	240	(580)	-71%	270	30	(550)	-67%
Southeastern Correctional Center	NA	NA	NA		NA	-	-	0%
Sub Total	8,142	4,428	(3,714)	-46%	5,362	934	(2,780)	-34%
Minimum Custody								
Mass Alcohol & Substance Abuse Center	236	150	(86)	-36%	150	0	(86)	-36%
MCI Plymouth	250	160	(90)	-36%	294	134	44	18%
MCI Shirley (Minimum)	342	306	(36)	-11%	370	64	28	8%
North Central Correctional Institute (Minimum)	30	30	-	0%	30	0	-	0%
Old Colony Correctional Center (Minimum)	160	192	32	20%	192	0	32	20%
Sub Total	1,018	838	(180)	-18%	1,036	198	18	2%
Minimum/Pre-Release Custody								
Boston Pre-Release Center	175	136	(39)	-22%	238	102	63	36%
Northeastern Correctional Center	268	136	(132)	-49%	160	24	(108)	-40%
South Middlesex Correctional Center	186	155	(31)	-17%	187	32	1	1%
Pondville Correctional Center	204	178	(26)	-13%	210	32	6	3%
Women & Children Program - previously not occupied - not assessed			-					0%
Sub Total	833	605	(228)	-27%	795	190	(38)	-5%
Total Department of Correction	11,968	7,402	(4,566)	-38%	10,062	2,660	(1,906)	-16%

Source: STV and DCAM; October 2010

The CMP Baseline Capacity represents a 27% reduction in current Minimum / Pre-Release Custody bedspaces even though the decrease is only 228 beds. With potential capacity improvements, this reduction can be decreased to 38 beds or 5%.



For Minimum Custody, the CMP Baseline Capacity represents an 18% reduction (180 bedspaces less) that can be translated to an increase of 2% above current beds (18 additional bedspaces) with potential capacity improvements.

For Maximum Custody, the CMP Baseline Capacity represents a 22% reduction that can be translated to an increase of 45% (894 additional bedspaces) with potential capacity improvements.

The impact to individual facilities can be quite dramatic. The largest CMP Baseline Capacity reductions expressed as a percentage of existing bedspaces are as follows:

- Old Colony Minimum (-71%)
- MCI Concord (-57%)
- North Central Correctional Center (-55%)
- Northeastern Correctional Center (-49%)

Of these facilities with the largest percentage of reduced capacity, potential capacity improvements have been identified in all but MCI Concord, only MCI Concord has been identified to have potential capacity improvements although they yield potentially only 78 bedspaces.

However, in some cases bedspace increases can be significant with improvements as illustrated in the Potential Capacity figures. An additional 2,660 bedspaces can be recovered. Facilities most impacted by these potential improvements include:

- Souza Baronowski (+1,152)
- MCI Shirley Medium (+520)
- MCI Cedar (+186)
- MCI Norfolk (+180)
- Massachusetts Treatment Center (+140)
- MCI Plymouth (+134)

Comparing CMP Baseline Capacity to Potential Capacity the greatest potential gains in number of bedspaces are in the Maximum custody level. The total gain of 2,660 bedspaces is broken down as follows:

- **Maximum:** +1,338 bedspaces
- **Medium:** + 934 bedspaces
- **Minimum:** +198 bedspaces
- **Minimum/Pre-Release:** +190 bedspaces

Assuming all the Potential Capacity improvements are possible, the impact of the CMP Baseline Capacity definition can be significantly lessened. The decrease in bedspaces from the Current Capacity can be mitigated from 4,556 bedspaces to 1,906 bedspaces. Comparing Potential Capacity to Current Beds, the percentage change in beds by custody category is as follows:

- **Maximum:** +45% or +894 beds
- **Medium:** - 34% or -2,780 beds
- **Minimum:** +2% or -18 beds
- **Minimum/Pre-Release:** -5% or -38 beds

These calculations focus on bedspace capacity in the system and do not address the demand for bedspaces in specific custody levels. However, this redefinition of capacity does illustrate the level of overcrowding at each level as currently employed within the system. In fact, the most dramatic reductions as a result of the capacity redefinition highlight where beds have been added to the system in response to demand, notably in medium custody and to a lesser degree minimum /pre-release.

In summary, the capacity of DOC will be approximately 4,556 less than the currently used capacity (Current Beds to CMP Capacity) without standards-based improvements or approx. 38% less. However, with the implementation of standards-based improvements (Potential Capacity) the capacity difference can be reduced to 1,906 beds.

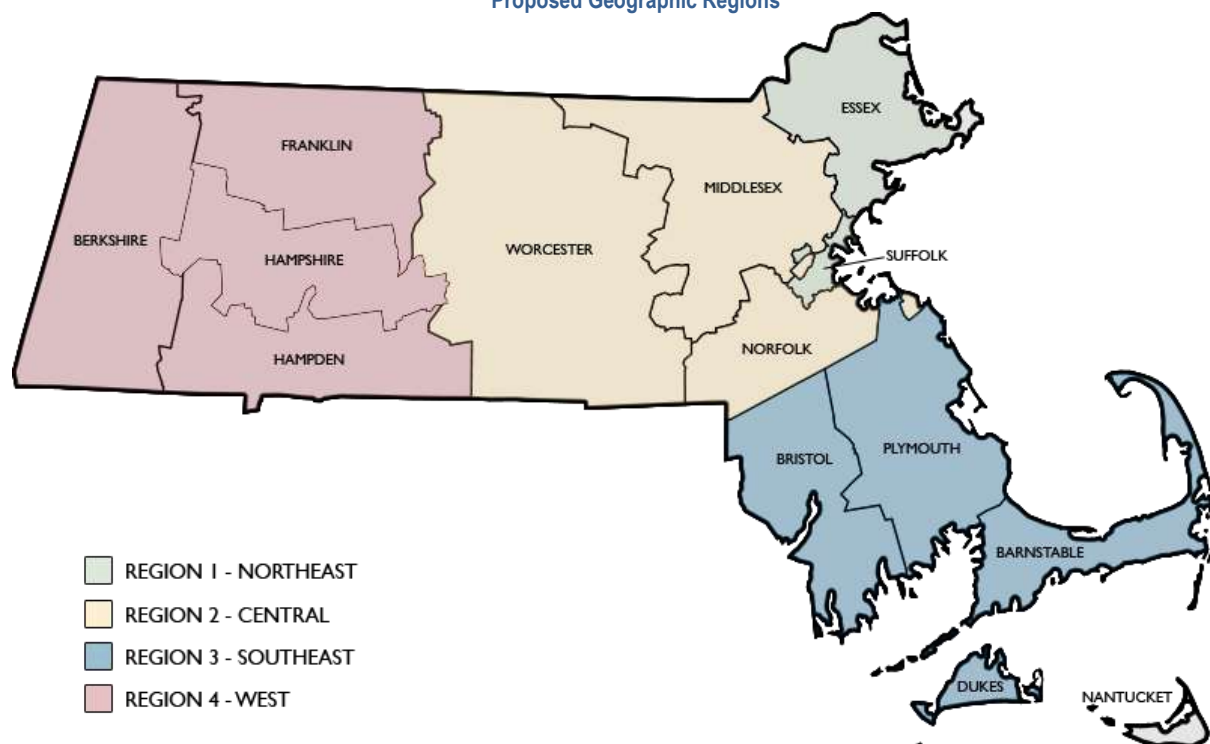


REGIONS OF THE COMMONWEALTH

Since the Commonwealth provides the majority of funding for both capital and operational incarceration needs to the Sheriffs and the DOC, incarceration options should be considered holistically as a state-wide system. A fair question is: “who is best suited to provide what” and what practices can cost-effectively reduce recidivism. To this end and as will be discussed in more detail in the following Chapters, the Corrections Master Plan (CMP) takes a regional approach towards addressing the needs of the Corrections System in 2020. Organizing the Commonwealth into four service regions is required as a starting point to begin to assess needs regionally:

1. **Region 1 - Northeast:** Essex and Suffolk Sheriff's Offices; Shattuck Hospital Correctional Unit and Boston Pre-Release Center of the DOC
2. **Region 2 – Central:** Middlesex, Norfolk, and Worcester Sheriff's Offices; Bay State Correctional Center, MCI Cedar Junction, Souza Baranowski Correctional Center, MCI Concord, MCI Framingham, MCI Norfolk, MCI Shirley, NCCI, NCC, SMCC, and Pondville Correctional Center of the DOC.
3. **Region 3 – Southeast:** Barnstable, Bristol, Dukes, and Plymouth Sheriff's Offices; Bridgewater State Hospital, Massachusetts Alcohol & Substance Abuse Center, Massachusetts Treatment Center, MCI Plymouth, and Old Colony Correctional Center of the DOC.
4. **Region 4 – West:** Berkshire, Franklin, Hampden, and Hampshire Sheriff's Offices. No DOC facilities are currently located in the West Region.

Figure 1-1
Proposed Geographic Regions





The proposed organization is based on geography in an attempt to create multi-jurisdictional arrangements that are approximately equal in the number of Sheriff's Office inmates and facilities but are not necessarily an indication of alliances or historical endeavors at service sharing.

In Table 1-8, a similar approach was used to illustrate the impact of the CMP Baseline Capacity and Potential Capacity to Current Beds by bedspace differences for the 20 Sheriff facilities included in the CMP.

Table 1-8 Comparison of the CMP Capacity & Potential Capacity to Current Beds - Sheriff Departments

Facility	Current Beds	CMP Baseline Capacity	Bedspace Difference Current to CMP	% Bedspace Difference Current to CMP	Potential Capacity	Potential Bed Increase over CMP	Bedspace Difference: Current to Potential	% Bedspace Difference Current to Potential
Sheriffs								
Essex HOC - Middleton	1,371	802	(569)	-42%	915	113	(456)	-33%
Essex-Lawrence Correctional Center	340	174	(166)	-49%	328	154	(12)	-4%
Essex Women in Transition (WIT)	24	24	-	0%	24	0	-	0%
Suffolk County HOC	1,983	1,077	(906)	-46%	1,574	497	(409)	-21%
Suffolk County Jail (Nashua Street)	777	432	(345)	-44%	442	10	(335)	-43%
Northeast Region	4,495	2,509	(1,986)	-44%	3,283	774	(1,212)	-27%
Middlesex County HOC	1,183	684	(499)	-42%	987	303	(196)	-17%
Middlesex County Jail	274	161	(113)	-41%	161	0	(113)	-41%
Norfolk County Jail & HOC	744	372	(372)	-50%	458	86	(286)	-38%
Norfolk Satellite (Braintree) not incl in count	-	52*	NA		52*	0	-	0%
Worcester County Jail & HOC	1,310	812	(498)	-38%	1,170	358	(140)	-11%
Central Region	3,511	2,029	(1,482)	-42%	2,776	747	(735)	-21%
Barnstable County Correctional Facility	588	404	(184)	-31%	560	156	(28)	-5%
Barnstable County Correctional Satellite	NA	NA	NA		NA	0	-	0%
Bristol County Jail & HOC	1,210	813	(397)	-33%	865	52	(345)	-29%
Bristol County Jail (Ash Street)	212	74	(138)	-65%	74	0	(138)	-65%
Dukes County Jail & HOC	38	26	(12)	-32%	26	0	(12)	-32%
Plymouth County Jail & HOC	1,727	914	(813)	-47%	1,442	528	(285)	-17%
Southeast Region	3,775	2,231	(1,544)	-41%	2,967	736	(808)	-21%
Berkshire County Jail & HOC	572	516	(56)	-10%	580	64	8	1%
Berkshire County - Satellite Facility	NA	NA	NA		NA	0	-	0%
Franklin County Jail & HOC	330	238	(92)	-28%	334	96	4	1%
Hampden County Jail & HOC - Ludlow	1,588	1,098	(490)	-31%	1,098	0	(490)	-31%
Hampden County Correctional Alcohol Center	182	182	-	0%	182	0	-	0%
Western Mass Regional Women's Corr. Center	230	240	10	4%	240	0	10	4%
Hampshire County Jail & HOC	280	304	24	9%	315	11	35	13%
West Region	3,182	2,578	(604)	-19%	2,749	171	(433)	-14%
Total Sheriffs	14,963	9,347	(5,616)	-38%	11,775	2,428	(3,188)	-21%
Combined DOC and Sheriffs Total	26,931	16,749	(10,182)	-38%	21,837	5,088	(5,094)	-19%

The application of the CMP Baseline Capacity results in a 38% reduction of current beds in Sheriff facilities collectively. While the reduction at most facilities in the 30-45% range, several facilities' capacity reductions exceed this range. These facilities include:

- Bristol County Jail (Ash Street) -65%
- Norfolk County Jail / HOC -50%
- Essex - Lawrence Facility -49%
- Plymouth County Jail /HOC -47%
- Suffolk HOC - 46%

With a collective bedspace decrease of 5,616 bedspaces in Sheriff Department facilities' capacities, the impact to Sheriff facilities by region vary slightly. The greatest capacity reduction in both number of beds (-1,986) and percentage to current beds lost (44% loss) is the Northeastern Region which includes Essex and Suffolk counties.

The impact to the Central Region which includes Middlesex, Norfolk, and Worcester counties is a capacity reduction of 1,482 beds or 42% including Middlesex Jail.



The impact to the Southeastern Region which includes Barnstable, Bristol, Dukes, and Plymouth counties is a capacity reduction of 1,544 beds or 41% reduction.

And finally the impact to the Western Region which includes Berkshire, Franklin, Hampden, and Hampshire counties is a 604 bed capacity reduction or a 19% decrease.

Assuming standards-derived improvements are feasible, the Potential Capacity represents an increase of 2,428 beds over the CMP Baseline Capacity. With respect to the Current Beds, the Potential Capacity represents a capacity reduction of 3,188 beds instead of the 5,616 beds associated with the CMP Baseline Capacity.

The Northeastern Region will experience the greatest capacity reduction of their current beds (1,986) yet the percentage reduction of current beds is decreased to 27% from 44% with potential capacity improvements. In fact, the Northeast Region has the greatest potential capacity increase.

The Central Region standards-derived improvements could potentially mitigate the capacity reduction from 1,482 beds to 735 or a 21% decrease of current beds as opposed to the CMP Baseline Capacity reduction of 42%.

The Southeastern Region's reduction in capacity can be decreased to 808 beds (from 1,544) or a difference of 21% instead of the 41% reduction without improvements.

The Western Region's reduction can be decreased to 433 beds (from 604) or a difference of 24% instead of the 38% decrease without improvements.

Considering the system as a whole, the DOC and Sheriffs collectively can increase capacity by 5,088 beds over the total CMP Baseline Capacity of 16,749 to yield a 21,837 Potential Capacity, representing a collective capacity reduction of 19% of total Current Beds.

CONCLUSION

Bedspace projections for the Corrections System are estimated to total approximately 26,991 by 2020, *excluding civil commitments* (27,662 with civil commitments). As summarized in Table 1-9, the total 2020 bedspace shortfall without civil commitments is anticipated to range between 60 bedspaces using Current Beds, 10,242 bedspaces using CMP Baseline Capacity and 5,154 bedspaces using Potential Capacity.

Table 1-9 Summary of Bedspace Needs in 2020 without Policy Changes excluding Civil Commitments

	Sheriffs	DOC	Total
Target Bedspace 2020	15,461	11,530	26,991
<i>Current Beds</i>	14,963	11,968	26,931
Shortfall- Current Beds	(498)	438	(60)
<i>CMP Baseline Capacity</i>	9,347	7,402	16,749
Shortfall- CMP Baseline Capacity	(6,114)	(4,128)	(10,242)
<i>Potential Capacity</i>	11,775	10,062	21,837
2020 Bedspace Shortfall (based on Potential Capacity Definition)	(3,686)	(1,468)	(5,154)
<i>Design Capacity</i>	8,620	7,920	16,540
Shortfall- Design Capacity	(6,841)	(3,610)	(10,451)

Source: Carter Goble Associates 2010; DOC includes 52A's; civil commitments excluded



Table 1-10 illustrates 2020 bedspace shortfalls with civil commitments included. Shortfalls range from 731 using Current Beds, 10,914 using CMP Capacity and 5,825 using Potential Capacity.

Table 1-10 Summary of Bedspace Needs in 2020 without Policy Changes including Civil Commitments

	Sheriffs	DOC	Total
Target Bedspace 2020	15,461	12,201	27,662
<i>Current Beds</i>	14,963	11,968	26,931
Shortfall- Current Beds	(498)	(233)	(731)
<i>CMP Baseline Capacity</i>	9,347	7,402	16,749
Shortfall- CMP Baseline Capacity	(6,114)	(4,799)	(10,914)
<i>Potential Capacity</i>	11,775	10,062	21,837
2020 Bedspace Shortfall (based on Potential Capacity Definition)	(3,686)	(2,139)	(5,825)
<i>Design Capacity</i>	8,620	7,920	16,540
Shortfall- Design Capacity	(6,841)	(4,281)	(11,122)

Source: Carter Goble Associates 2010; DOC includes 52A's and civil commitments

It should be noted that the potential decommissioning of any facilities has not been included in the analysis in Chapter 1. Rather, the focus has been on examining capacity in the status quo scenario.

In order to begin to quantify the shortfall and address the amount and type of investments required to meet this demand, a consistent means of determining capacity across the system is required.

The CMP Baseline Capacity criteria provides a consistent means of analyzing facilities in order to gradually align the entire system to the same level of compliance and create a baseline for moving forward. The impact of applying the CMP Baseline Capacity standards has equally serious implications to the system's capacity as did using facilities' original design capacity as a baseline. In fact, the total CMP Baseline Capacity is not significantly different from the total Design Capacity and it is clear that bringing facilities into alignment with the CMP Baseline Capacity standards cannot be achieved immediately.

However, an analysis of Potential Capacity which involves implementing standards-driven improvements focused on improving capacities and conditions can inform how to begin the process of improving conditions more uniformly and alleviating overcrowding *today* while new bedspaces are added to the system. The assessment of capacity on a facility basis also presents an opportunity to identify and implement ADA compliance throughout the system on a facility-by facility basis.

To this end, by applying peaking and classification factors of 5% to the DOC's 2009 ADP and 15% to the Sheriffs ADP, 2009 bedspace needs can be calculated and compared to the CMP Baseline Capacities. Assuming current populations continue to be housed as they are today (county women and 52A's in the DOC tabulation and federal and out-of-state inmates in the Sheriff tabulation), the bedspace needs were as follows:

- DOC's bedspace needs for 2009: 11,865 (11,300 ADP x 1.05)
- Sheriffs' bedspace needs for 2009: 14,662 (12,750 ADP x 1.15).

Comparing the CMP Baseline Capacity criteria to the 2009 bedspace needs yields a shortfall of approximately 4,463 in DOC facilities (11,865 - 7,402) and 5,315 in Sheriff facilities (14,662 - 9,347).



With the implementation of Potential Capacity improvements, the collective shortfalls can be reduced to approximately 1,803 (11,865 – 10,062) for the DOC and 2,887 (14,662 – 11,775) for Sheriffs.

While this calculation does not necessarily address whether the type and location of bedspaces are aligned with specific needs, it does illustrate the possible impact of standards-driven improvements today. Besides requiring an investment in capital, achieving a system wide Potential Capacity of 21,837 will ultimately require assessment at each individual facility to determine feasibility and ADA compliance.

In conclusion, Table 1-9 is a summary of the bedspace needs for the Sheriffs in aggregate and the DOC based upon no policy changes from current practices except the transfer of civil commitments to more appropriate agencies. Table 1-10 is a summary of the bedspace needs for the Sheriffs in aggregate and the DOC based upon no policy changes from current practices and including civil commitments. It serves as a baseline as to the magnitude of the shortfall and resulting financial implications should no actions be taken. Accepting this new capacity definition (CMP Baseline Capacity / Potential Capacity) combined with population growth (the projections), the system will require the implementation of potential capacity improvements as well as the addition of approx. 5,124 to 5,825 bedspaces by 2020 without any major changes in incarceration policies.

A significant increase in capital investment and operating budgets will be required to manage the anticipated growth in the incarcerated population in Massachusetts if legislative and judicial actions are not implemented. As overcrowding is an issue at most facilities to varying degrees today, anticipated population growth will only exacerbate the current conditions beyond sustainability. Although the CMP's focus is on capital projects, every effort will be required to enable the Commonwealth to meet its obligation with increasingly limited funding. Together with the Potential Capacity, the CMP Baseline Capacity can define opportunities to consider upgrading the Design Capacity at specific facilities.

This report will focus on the means to defining the capital implications of meeting these needs, determining the types of bedspaces to be added to the system as well as outline opportunities to improve efficiency, alleviate crowding, upgrade facilities, and support better outcomes by reducing recidivism.



**The Corrections Master Plan
The Final Report**

**Chapter 2
Existing Facility Improvements
and Repairs**

Chapter 2 Existing Facility Improvements and Repairs

This chapter outlines a framework for prioritizing facility improvements and repairs as an ongoing process to compliment the system-wide improvements and larger capital project recommended in the CMP.

BACKGROUND

As outlined in Chapter 1, the Massachusetts Corrections system includes the Department of Corrections (DOC) and 14 Sheriff's Departments who collectively manage over 10 million square feet. These correctional facilities range in age from the late 1800's to facilities completed within the last few years. Most facilities are located on campuses of several buildings of assorted ages and conditions, although some facilities are a single building.

Of the 40 housing facilities containing bedspaces, almost half (19 facilities) were built in or after 1990. Another 7 facilities were built in the 1980's; the remaining 14 facilities were built prior to 1979 of which 4 were built in the 1800's.

In general, Sheriff facilities are newer than DOC facilities. Of the 20 Sheriff facilities, over half (13) were after 1990; one quarter (5) were built after 2000; 8 were built in the 1990's. Of the remaining 7 facilities, 3 were built in the 1980's, 2 in the 1970's and 2 in the 1800's.

On the other hand, of the 20 DOC facilities over half (14) were built prior to 1990; of these older facilities, 4 were built in the 1980's, 4 were built in the 1970's, 4 were built between 1955 and 1931, and 2 were built in the 1800's. Only 6 DOC facilities were built after 1990, of which only 2 were built after 2000.

CURRENT SYSTEM

Currently, each Sheriff and the DOC are responsible for the maintenance of their facilities. With aging facilities, maintenance can be difficult to address resulting in a backlog. In addition to the age of facilities, other aspects contributing to a backlog of deferred maintenance include:



- Annual operating budgets that can vary while maintenance demands remain constant.
- Increased 'wear and tear' on typical jail and prisons is generally 3.5 times faster than other typical public buildings, and crowded conditions at many facilities take an additional toll on building conditions.
- Varying levels of maintenance department staffing and levels of expertise at each facility can result in inconsistent quality of facility assessments and upgrades.

As an agency of the executive branch, DOC facilities have had a more centralized maintenance system, whereas the Sheriff Departments have operated independently with varying maintenance capabilities and resources. In addition to repairs made by facility staff, facilities are able to directly procure and control construction contracts in compliance with M.G.L. c. 149, utilizing their annual operating budgets for structural and mechanical projects up to \$250,000 in estimated construction cost. For design and engineering services, facilities can hire design professionals directly when design fees are less than \$10,000 and the estimated construction cost is less than \$100,000. Should these parameters be exceeded, designers must be selected through the Designer Selection Board (DSB), frequently referred to as "House Doctors".

For projects greater than \$250,000 but less than \$2 million (regardless of the funding source), a request and approval for delegation by the Commissioner of DCAM is required should an agency want to control and supervise the project. Projects greater than \$2 million in estimated construction costs are managed by DCAM.

Compliance with public bidding requirements, which vary depending on costs, is required in all cases. Studies identifying the scope of work and cost of the project are required for projects over \$100,000. These studies must be certified by the DCAM Commissioner as well as the Sheriff or DOC Commissioner prior to commencement of design regardless of the scope of work.

CAMIS / DEFERRED MAINTENANCE REQUESTS

In 1999 the Massachusetts legislature authorized a major new initiative to manage the state's real estate, appropriating funds to conduct a comprehensive condition survey of the state's capital assets and to procure a software package to manage the collected data and assist facilities in their daily maintenance activities. As a result, DCAM, through its Office of Facilities Maintenance and Management, has implemented the comprehensive Capital Asset Management Information System (CAMIS) program, including the CAMIS survey and the CAMIS software.

In addition to utilizing CAMIS for their internal maintenance activities, each agency is required to submit any deferred maintenance requests beyond what they are able to undertake themselves (as noted above) to DCAM's Office of Facilities Maintenance and Management (OFM), which oversees the maintenance and repair of state-owned buildings. Upon receipt of all requests, DCAM compiles and forwards the requests for prioritization to each Secretariat (EOPSS in this case). After EOPSS's review, OFM evaluates all requests and determines which repairs can be funded. Annually, OFM has had a total budget of \$30 million to be allocated for *all* State deferred maintenance, although this amount can vary from year to year. Of this annual budget, the amounts delegated to the DOC and Sheriffs also varies from year to year; in 2009, \$3.1 million was delegated to Sheriffs; in 2010, \$974,000 was delegated to Sheriffs and \$2.6 million to the DOC. These allocations can have only minimal impact on the deferred maintenance for over 10 million square feet of space.

According to CAMIS, the potential need of funding for repairs projects is estimated at well over \$1 billion. In order to meet the needs in 2020, it is clear that more repairs and improvements to existing facilities (beyond the OFM budget)



must be funded from the \$550 million authorization (Chapter 304 of Acts of 2008) as part of the CMP in addition to adding more bedspaces. Although some Sheriffs are still new to CAMIS, it will be critical for all agencies to utilize CAMIS in order to provide an ongoing assessment of deferred maintenance requests to be considered for funding each year. Potential capacity improvements as discussed throughout the CMP will also be funded in this authorization.

CRITERIA FOR PRIORITIZING DEFERRED MAINTENANCE REQUESTS

Even with an incomplete list of requests, the value of deferred maintenance requests in the system today greatly exceeds the funding available. Criteria to prioritize requests will be critical.

Expanding DCAM's Office of Facility Maintenance (OFM) current practices for prioritizing deferred maintenance projects for funding, the criteria presented below will be considered for repairs and improvements to be funded from the CMP authorization. Based on the submitted requests to CAMIS by Sheriffs and the DOC and considering what is already funded through the OFM process, DCAM will review with EOPSS and ANF and will evaluate and prioritize requests while consulting with the DOC and Sheriff Departments in the development of annual capital spending plans. The following criteria are not presented in any order of relative importance and will all be considered in the compilation of spending plans each year.

A.) Health/Life Safety

Does the deficiency pose a health or life safety risk to occupants and visitors?

- Dangerous problems or deficiencies to fire protection or security systems, including the exterior security perimeter and Sally port security.
- Immediate and dangerous structural, building envelope, or MEP conditions
- Egress issues
- Circumstances that facilitate rape or suicide. Refer to PREA (Prison Rape Elimination Act) and Hayes Report (suicide prevention recommendations).
- Immediate, verified health risks associated with mold, toxins, asbestos
- Emergency equipment (back-up systems, generators, etc.) that is not fully functional

B.) Preservation of Property

Should a deficiency go unaddressed, will there be an impact to the preservation of the property?

- Building envelope deficiencies that unrepaired will cause further damage
- Building systems deficiencies – leaks, lack of heat, etc.

C.) Time- sensitive Repairs

Are there schedule-sensitive issues such as weather-dependent work, or supplemental funding that is due to expire?

- Repairs that must be done within a certain time frame to be cost-effective or as part of other funding deadlines

D.) Potential for Further Liability

This category includes urgent corrective action mandated by regulatory authority, executive order, statute, building code, court order, litigation, that could pose additional liability to the Commonwealth or the Agency if not carried out.

- Compliance with State building code, including ventilation, occupancy, energy and accessibility code requirements
- Compliance with 103 CMR code related to corrections facilities



- Civil rights compliance including accessibility requirements
- Citations of noncompliance that impact health and life safety

E.) Alignment with CMP Goals and Future Plans

Does the request align the goals of the CMP or other programmatic or system-wide goals for the long-range plan for this site?

- Repairs to advance CMP recommendations
- Repairs not in conflict with future plans or not planned as part of a larger project
- Repairs or improvements to provide access to programs and services in addition to accessible cells and plumbing fixtures

F.) Energy and Carbon Footprint Goals

Does the request advance the objectives of Executive Order 484 by increasing energy efficiency, implementing renewable energy technology, and/or reducing the facility carbon footprint?

- Energy efficiency measures

G.) Operating Costs

Does the project lower operating costs or create other operating efficiencies?

- Reconfigurations that promote efficiencies

H.) Cost Benefit

Does the cost of repairs align with the potential benefit? Does the cost approach replacement cost? This would define projects that arise when an existing building requires such a magnitude of repairs investment that it would make an investment unwise.

- Cost-effective benefit when considering life span of predicted use

I.) Appropriate Use of CMP Capital

Is the request an appropriate use of CMP capital dollars? Should this request be covered by the facility's operating budget? Is this request the result of gross neglect by the facility?

- Repairs beyond the reasonable scope of operating budgets
- Repairs that cannot be resolved in a less costly manner

J.) OFM Allocation

Did this facility receive OFM annual funds?

- Criteria to assure fair and appropriate distribution of funds and repairs throughout the system

POTENTIAL CAPACITY IMPROVEMENTS

Increasing bedspace capacity in existing facilities will be a critical component to addressing overcrowding and meeting the 2020 bedspace needs. As discussed in Chapter 1, potential capacity improvements have been identified and will be implemented in phases as a part of the CMP and annual spending plans. Where other projects are being considered at a particular facility, these improvements may be added to their scope. In addition to the addition of plumbing fixtures, support spaces must also be assessed prior to increasing bedspace capacity.



SIGNIFICANT CONDITION ISSUES

A list of each facility's capital requests and deferred maintenance needs can be found in Appendices A and B. Significant conditions worth noting specifically are included below.

Oldest Facilities

Although age alone does not determine the usefulness or even the condition of a facility, there are several facilities that were built in the 1800's well before there were modern life safety codes. In some cases, non-compliance issues can only be addressed by reprogramming and total renovations. Strategic planning is required beyond immediate deferred maintenance needs in order to provide long-term solutions. These facilities include:

- Bristol County Ash Street Jail: 74 CMP Capacity; (212 current beds)
Due to dayroom space limiting capacity (provided in a repurposed gym in a building separate from the housing unit) and the configuration and condition of this very old facility, any long term capital investment is not recommended. However, continued use is required until CMP investments can be implemented.
- Dukes County Jail and HOC: 26 CMP Capacity; (38 current beds)
Its location on the island is critical for access to courts and lockup. However, the unique nature of the limited resources on the island suggest that a solution for the jail may be best developed as part of a combined Public Safety complex including other criminal justice agencies.
- MCI Framingham: 400 CMP Capacity; 432 Potential Capacity; (696 Current Beds)
A critical women's facility in the Correction System that requires a comprehensive planning study to assess potential expansion and improvements (discussed in Chapter 5).

Middlesex Jail in Cambridge

Currently the *only* occupant of the high rise structure in Cambridge, the Middlesex Jail requires an operating budget for an entire building of which only a small portion is operational. Decommissioning and replacement of these bedspaces in the Central Region as soon as possible is a critical priority that can be implemented with the construction of a new multi-jurisdictional facility and improvements to the Middlesex HOC in Billerica, both of which are currently planned.

Wood Modular Buildings

Wood modular buildings were built as temporary structures at many DOC and Sheriff campuses. Most were erected in the 1980's, are past their expected life span and were meant for a variety of purposes: Dorm-style housing, medium-security housing, inmate library, or administrative offices. Some have been abandoned, and those still in use require constant repairs to remain functional. As the CMP is implemented, these facilities should be individually considered for repairs, replacements or decommissioning. These structures have been summarized in Appendix D.

REFERENCE SOURCES FOR EXISTING CONDITIONS OF CORRECTIONAL FACILITIES

In addition to discussions throughout the CMP Chapters, there are several sources of building condition information:

Facility Briefs: Appendices A and B

This section of the Master Plan document provides a summary of the conditions at each facility. It includes a site plan, building areas, building age, program, major facility issues, CMP Capacity spreadsheet, and CAMIS data on



repair requests and equipment condition in the system as of December 2010. Only requests entered into CAMIS were included. Future requests must be entered into CAMIS to be considered for funding.

Site Visit Reports and Facility Self-assessments: DCAM

In the Spring of 2008, teams comprised of DCAM, agency, and consultant staff conducted on-site assessments of all existing Sheriffs' and DOC correctional facilities. The goal of the site visits was to obtain and document a general perspective of facility conditions and to determine the "as is" physical condition of corrections in the Commonwealth. In addition to these on-site assessments, each facility conducted a self-assessment of facility and program conditions. DCAM also visited each Sheriff's department to discuss facility needs with Sheriffs' staff. The self-assessment is included in each site visit report. DCAM maintains copies of these reports and has provided copies to the DOC and Sheriff Departments.

Department of Corrections Compliance Audits of Sheriff Facilities – FY2010: DCAM

The DOC Compliance Unit reviews Sheriff facilities on a regular basis and completes audits.

Accessibility Analysis: DCAM

Based on data provided by DOC, DCAM is developing a means to assist in indentifying ADA compliance strategies.



The Corrections Master Plan
The Final Report

Chapter 3
Opportunities to Reduce
Incarceration Needs

Chapter 3 Opportunities to Reduce Incarceration Needs

Unlike Alabama, Florida, Texas, and California, Massachusetts has avoided large scale intervention by the federal courts in establishing mandatory conditions of confinement by responding to incarceration needs through extensive capital programs since 1980. Of the more than 40 facilities evaluated during the CMP, over half have opened since 1980 and most of those since 1990. Nevertheless, the Commonwealth faces an expenditure estimated at more than \$1.0 billion for deferred maintenance to existing facilities, in addition to accommodating the anticipated growth in the population as discussed in Chapter 1.

In Chapter 1 of this report a prediction of the future level of incarceration for the DOC and Sheriffs was estimated at approximately 24,425 inmates (requiring approximately 27,000 bedspaces) excluding civil commitments. With civil commitments, the 2020 ADP is estimated to grow to approximately 25,100, compared to the 2009 ADP of approx. 24,000 inmates, detainees and civil commitments. This represents an increase of approximately 2,000 inmates and detainees as the 2009 ADP includes over 1,000 federal and out-of-state inmates currently held in Sheriff facilities which are not included in the 2020 projection. While analytical models were used to predict the future population, this estimate, like all predictions, is less science than an assumption based upon past trends.

With the capital expenditure authority centralized in the Commonwealth, there is an opportunity to maximize resources, avoid duplicative expenditures, and create a more efficient correctional system. Chapter 3 explores the existing roles of Sheriff and DOC agencies for incarceration and outlines the basic framework for altering traditional roles to reduce the financial burden of incarceration for the citizens of the Commonwealth.

ROLES FOR INCARCERATION

The CMP **does not** recommend altering the fundamental incarceration responsibilities of the DOC and Sheriffs but rather seeks to optimize current roles and create more flexibility within the system.

Technically, all pretrial offenders are the responsibility of the sheriffs. Sentenced inmates are separated between the Sheriffs and DOC based on length of sentence. A sentence length of 30 months or less is typically served in Sheriff facilities with longer sentences served in DOC facilities. While 80% of the states draw that line at 12 months or less, with the exception of Tennessee, Sheriffs in Massachusetts incarcerate sentenced inmates longer than any other



state. Arguments can be made as to whether the offender's proclivity for recidivism is reduced through the service of a sentence in a Sheriff or DOC facility, but the issue remains that a duplication of responsibilities occurs between the Sheriffs' Houses of Correction and the DOC facilities.

During the last decade, the lines of responsibility between the Sheriffs and DOC have become less rigid in response to crowding, sentencing changes, and budgetary constraints. This has resulted in further duplication of responsibilities with the incarceration of county sentenced and awaiting trial women as well as Section 52A's now being housed in DOC facilities.

In 2009, the DOC had an ADP (Average Daily Population) of 11,300 inmates and detainees which was mostly male sentenced inmates. However, the population also included 628 civil commitments, 285 Section 52A detainees (those pretrial offenders that have previously been incarcerated by DOC) and 430 county sentenced and awaiting trial women. In 2009, the Sheriffs' combined ADP was 12,750 inmates and detainees in Jails and Houses of Correction, including approximately 500 federal and out-of-state inmates.

The CMP has provided the opportunity to propose a broad range of system improvement ideas to be considered as the Commonwealth evaluates an increasing expenditure for capital improvement and operating expenses due to population increases, aging facilities and changing population needs.

The goal of the CMP is to seek and promote system solutions and to move away from the traditional "silo" approaches to sustaining the correctional component of the criminal justice system. The possible solutions represent a departure from current practices in some cases, and may therefore meet with some resistance. Nonetheless, the Commonwealth must examine, like all responsible jurisdictions, more cost effective means in order to maintain a sustainable system of delivering services. The broad categories of responsibility for correctional sanctions are discussed as follows.

Pre-Arraignment

The point of incarceration typically begins in one of the 351 municipalities in the Commonwealth through either an arrest or service of a warrant. Currently the arrestee is taken to one of the 100 local lock-up facilities associated with local or state law enforcement. Based upon time-sensitive proceedings that occur over the next 72 hours, the arrestee is either released or transferred to a county-operated facility.

In total, approximately 140 (100 local lock-ups; 41 county and DOC-operated) places of incarceration exist in the Commonwealth. While the operation of the municipal lock-ups is the financial responsibility of the local (or State Police) jurisdiction, the link to the Commonwealth's criminal justice system is through the Counties. Duplication of efforts with intake, the quality of these facilities for overnight stays, supervision by a law enforcement officer instead of a corrections officer, transportation expenses, and lack of centralized pre-trial diversion programs are all issues that need to be addressed.

Important steps toward a more integrated and efficient incarceration system in the long term require consideration of an integrated Criminal Justice Information System, expansion of video arraignments, means to reduce awaiting arraignment stays in lockups, and the establishment of a centralized Office of Pre-trial Services to oversee pre-arraignment functions and to foster the development and implementation of alternatives to incarceration programs statewide.

Over time, pre-arraignment responsibilities should be transferred to existing County pre-trial facilities where there is capacity or when the expansion of existing facilities to provide regional lockup capacity can be considered as part of renovations to existing facilities. The focus of the shift to professionally operated county facilities will permit a greater



Chapter 3

use of intervention programs that divert as many as possible from pre-trial incarceration through established pre-trial intervention programs.

Additional staff funding for both the county jails and local probation and parole supervisory services may be necessary to assure a coordinated approach to incarceration programs.

Sheriffs: After reviewing the current roles, structure, and operation of the correctional system in Massachusetts, the CMP recommends that the Sheriffs remain responsible for pretrial detainees which will include detainees currently committed to the DOC under Mass. Gen. Laws ch. 1276, § 52A, as well as female detainees housed at MCI Framingham. This requires the transfer of Section 52A detainees and, where possible, county women housed in the DOC to Sheriff facilities.

With ties to their communities, the Sheriffs are best suited to transition inmates back into the community with pre-release and re-entry programming than the DOC. This type of programming reduces recidivism and has great benefit for all concerned. Therefore, the CMP recommends the eventual transfer or stepping down of DOC inmates within the last 6-12 months of their sentence to the Sheriff facility most closely located to their community of origin.

The clear focus of Sheriffs should be the detention of pre-trial defendants and the preparation of pre-release inmates for their return to the community. The CMP recommends investment in Pre-Release facilities run by Sheriffs to handle the influx of DOC pre-release inmates in addition to the Sheriffs' current pre-release inmate populations. By relocating pre-release inmates to these new beds, capacity within existing facilities will be available for the remaining sentenced inmates.

In order to create more flexibility into the system, a multi-jurisdictional approach is recommended to provide additional capacity to address overcrowding in Sheriff and DOC facilities. The governance structure of this type of facility must be developed between ANF, EOPSS, DOC, and the Sheriffs. As a new governance structure is developed, legislation should be proposed to formalize the relationships and structure to ensure that collaboration is integral to the system.

The DOC: The Department of Correction will continue to focus on safely and securely managing felons who receive a sentence greater than 30 months from the Commonwealth's courts. Although the CMP recommends continued initiatives to relocate the care and custody of at least some of the civilly committed (mentally ill and substance abuse) populations to the Department of Mental Health and/or the Department of Public Health, these populations are projected and disaggregated to understand the impact on bedspaces should they remain the DOC's responsibility.

Beyond housing inmates convicted of felonies, the CMP recommends that the DOC should remain responsible for the administration of Medical and Mental Health facilities to handle acute and chronic illnesses when appropriate throughout the system. Any new long-term medical and mental health care facilities arising from the CMP should be administered by the DOC and should serve both DOC and Sheriff sub-acute medical and mental health needs on a regional basis. DOC should continue to provide security at a DPH or private hospital for acute care needs.

As previously stated, the CMP recommends the transfer of DOC inmates in the last 6-12 months of their sentence to appropriate Sheriff facilities for pre-release and re-entry programs. This will require negotiation of clear protocols and evaluation of inmates for transfer. In some select cases, DOC will be best suited to provide pre-release programming.

Community Corrections: Nationwide, every successful program that has actually reduced the reliance on incarceration is characterized by a comprehensive "continuum of care" program. To this end the Governor has proposed legislation to centralize community supervision of offenders in a unified agency within the Executive



Branch. This agency, the Department of Re-entry and Community Supervision (DRCS) would be responsible for supervising defendants from the early pretrial stages of the criminal process through re-entry to the community after incarceration.

THE BASIS FOR ELIMINATING BARRIERS TO SYSTEM EFFICIENCY

Legislative mandates, such as mandatory minimum sentences for certain drug and violent offenses that are set forth in the Massachusetts General Laws (“General Laws”) should be reviewed based upon the value that accrues to the criminal justice system through their application. Other mandates are set out in Code of Massachusetts (CMR) regulations, or Department of Correction policies, each of which sets out a process for their revision, and both of which are less complicated than amending or enacting a new statute. Still other requirements are laid out in State and Federal Court decrees, and would involve approval of the Courts to facilitate change. Finally, several practices, which though not required legally, are so entrenched as to have taken on a legal “aura” and are followed largely either because no appropriate alternatives exists or merely out of habit. In Appendix C, many of these statutes, regulations, and/or policies that are barriers to better coordination are discussed.

Existing laws, regulations, and policies serve both as “drivers” of the incarcerated population as well as barriers to more effective resource sharing. The specific legal barriers that constrain the ability of the Courts, the Commissioner of the DOC, and the Sheriffs to manage the correctional system in a manner that will maximize public safety, increase efficiency, and respond to the multiple and complex needs of the inmates and detainees in custody can be divided into several broad areas:

1. Sentencing restrictions which require judges to assign mandatory minimum sentences to certain offenses;
2. Statutes and policies that limit effective reentry planning by restricting the “stepping down” or transitioning from higher to lower security levels, or which restrict access to minimum/prerelease/work release status;
3. Legal requirements that call for the separation of certain populations;
4. Statutes which allow for civil commitments of certain populations to the Department of Correction for clinical evaluation and/or treatment;
5. Legal impediments to the ability of the Courts, the Commissioner of the DOC or the Sheriffs to house and place inmates in Sheriff or DOC facilities or programs they deem appropriate to meet the inmates’ needs while protecting public safety;
6. Legal or regulatory requirements that prohibit the release of terminally ill inmates to community corrections;
7. Lack of statutes or practices which could reduce the numbers and lengths of stay of pre-trial detainees held in the Commonwealth’s lock-ups and jails; and;
8. Statutes and practices which result in an inefficient and outdated pre-arraignment process.

The single greatest “driver” of prison population is the implementation of sentencing policy while the greatest barriers to a more efficient correctional system are the policies that define how a correctional system can be operated. To become a more efficient system, all of the existing “drivers” and barriers should be reviewed in light of the impact they have upon the reduction of recidivism and enhancement of public safety.

OPPORTUNITIES FOR A MORE EFFICIENT SYSTEM

The eight types of barriers mentioned above are by no means the sum of all obstacles to a more efficient system, but represent the ones that have the greatest impact on the number and placement of inmates in the system. Well beyond these predominantly legal and regulatory barriers are policies and procedures that have been developed over



many years of operating parallel, but separate DOC and county systems. Elimination of policy and procedural barriers is more challenging in that sometimes these are unique to a particular facility, individual, or tradition.

In Appendix C, seven legal and regulatory barriers are explained in some depth. An eighth barrier addressing the inability to release end-stage, terminally ill inmates to community supervision has been added to these other major barriers to a more efficient correctional system. As the Commonwealth progresses towards eliminating as many of the obstacles as possible, some attention should be given to these eight major issues. The following is a recapping what is required to eliminate, or mitigate, these barriers with a recognition that more must be done at the local operating level to eliminate policies and procedures that prevent a more integrated approach to corrections.

- 1. Sentencing restrictions which require judges to assign mandatory minimum sentences to certain offenses.** The Final Report of the Governor's Commission on Correction Reform (the "Harshbarger Commission") (2004), stated that minimum mandatory sentences constrain reentry preparation as they essentially preclude participation in parole supervision. The Harshbarger Commission strongly supported the recommendations of the Governor's Commission on Criminal Justice Innovation (2002), for sentencing reforms to enhance offender reentry.

Chapter 256 of the Acts of 2010 included sentencing reform that provides some relief to mandatory minimum sentences for certain drug offenses, barring certain aggravating circumstances, for inmates sentenced to a House of Corrections. While some House of Correction inmates could be eligible for parole after serving half of the maximum term of their sentence, inmates serving sentences in State prisons would not be eligible. Additionally, a condition of parole may be enhanced supervision and may include the use of electronic bracelets. This reform could have a major impact on how long inmates are incarcerated and, thus, the average daily population and the bedspace projections. The potential reduction in recidivism with increased re-entry programming would have a long term impact on the growth of the incarcerated population in Massachusetts.

The Governor filed legislation in early 2011 (House Bill No. 40) that would extend the parole eligibility made available to House of Correction inmates, as described above, to DOC inmates. In addition, the Governor proposed eliminating mandatory minimum sentences for drug crimes that do not involve guns or children, but at the same time proposed tougher sentencing laws for repeat violent offenders.

- 2. Statutes and policies that limit effective reentry planning by restricting the "stepping down" or transitioning out of higher to lower security levels, or which restrict access to minimum/prerelease/work release status.** The inability to become parole-eligible, coupled with restrictions on inmates' "stepping down" from higher to lower security as their behavior warrants, has created a situation in which inmates are getting released directly from higher custody settings with no preparation or formal supervision in the community through parole. The Massachusetts Sentencing Commission and several other task forces and special commissions have uniformly recommended sentencing reform to address some of these issues.

Chapter 256 of Acts of 2010 includes a provision that allows both House of Correction and State prison drug offenders' eligibility for education, training, and employment programs upon approval by the Commissioner of Corrections or based on a recommendation of the correctional institution administrator, Warden, or Sheriff, notwithstanding a mandatory minimum sentence. The Governor's 2011 legislative proposal would extend this provision to include work release programs outside of prison facilities. This type of provision will improve public safety and better define roles of the DOC and counties in pre-release services. The impact on bedspace needs should these initiatives succeed is similar to those described above.



Chapter 3

3. **Legal requirements that require the separation of certain populations.** Enacted in 1817, and last amended in 1902, Mass. Gen. Laws ch. 127, § 22 states that, “[m]ale and female prisoners **shall not be put or kept in the same room** in a jail or house of correction [Emphasis added]. A literal reading of this section may limit the co-location of housing men and women, and scheduled sharing of common areas, such as dining rooms, medical waiting areas, day rooms, outdoor recreation space, and gyms, or restricting men and women from attending programs or waiting for clinical appointments in the same areas at the same time. The law regarding housing pretrial and sentenced inmates together has not been amended since 1902. Mass. Gen. Laws ch. 127, § 22 states that, “[p]ersons committed on charge of crime **shall not be confined** with convicts.” [Emphasis added]. Similar objective criteria should be used for decisions regarding the housing of pre-trial and sentenced populations and while an inmate’s legal status may be one indicator in a classification determination, the adjudication status need not be the sole basis for physical separation. A review of the historical bases for these “separation” statutes in Massachusetts is warranted so that the duplication of unnecessary spaces and programs could be eliminated.
4. **Statutes and practices which allow for civil commitments of certain populations to the Department of Correction for clinical evaluation and/or treatment.** Various commissions and task forces have questioned the propriety of civilly committing men and women to the prison system for evaluation and treatment of substance abuse and mental illness. The status of civilly committed sex offenders is complicated by a long and complex history of Federal and State Court oversight. A review of the clinical and security needs of these populations and a potential transfer of responsibility for some, or all, from the Department of Correction to the Departments of Public Health and Mental Health is critical to the reduction of the inmate population by more than 600 inmates and a more effective correctional system.
5. **Legal impediments to the ability of the Courts, the Commissioner of Correction or the Sheriffs to house and place inmates in Sheriff or DOC facilities or programs deemed appropriate to meet the inmates’ needs while protecting public safety.** Mass. Gen. Laws ch. 279, § 23 allows Courts to sentence offenders to DOC for “12 months or more” and limits the maximum sentence of male offenders to a jail or house of correction to two and one half years. General Laws, chapter 274; section 1, states that, “a crime punishable by...imprisonment in the state prison is a felony. All other crimes are misdemeanors”. The implication of Mass. Gen. Laws ch. 279, § 23 is that misdemeanor offenders would be kept as close as feasible to the committing community. However, in most states, a sentence of more than 12 months is an indicator of a more serious offense that triggers an assignment to a state facility. Any change in sentencing that would have misdemeanants made into felons just to achieve a more typical and rational split between the responsibilities of the DOC and Sheriffs’ correctional systems would be counter-productive to the CMP. A Supreme Judicial Court case out of Middlesex County supports a position that authorizes Sheriffs to set appropriate conditions of confinement for House of Correction inmates, subject to mandatory sentences and other legislative restrictions. Commonwealth v. MacDougall, 447 Mass. 505, 852 N.E.2d 1080 (2006)) suggests inmate transfers can be done among and between DOC and Sheriffs which promotes a concept of a more interaction on matching an appropriate environment with the needs of an inmate.
6. **Legal or regulatory impediments to the release of end-state inmates to the responsibility of community corrections.** Massachusetts has no express legal authority for the “compassionate release” of terminally ill or infirm inmates. The Governor’s 2011 legislative proposal included a provision that would permit the Commissioner of Correction to release terminally ill inmates who are so infirm that they no longer pose a danger to others. This release would potentially allow inmates to receive federally subsidized medical treatments when not constituting a threat to public safety. With an aging incarcerated population, sub-acute chronic conditions are increasing and exasperating the already stretched system.



7. **Lack of statutes or practices which could reduce the numbers and lengths of stay of pre-trial detainees held in the Commonwealth's lock-ups and jails.** While the Probation Department has pre-trial supervision responsibilities, Massachusetts has no centralized pre-trial authority to set standards and create programs to divert non-violent offenders from being detained prior to trial which has resulted in proportionately more inmates detained while awaiting trial. No legal or regulatory barriers to establishing standards for programs currently exist. The feasibility of establishing a centralized pre-trial authority should be explored in order to uniformly and more effectively provide alternatives to incarceration for larger numbers of pre-trial detainees.

Under Mass. Gen. Laws ch. 127, § 20B, inserted by Chapter 256 of Acts of 2010, the Sheriffs and the Commissioner of Correction in the case of women detained at MCI Framingham, subject to rules and regulations, may permit a pretrial detainee being held for certain offenses to be classified to a pretrial diversion program operated by a Sheriff where the court that committed the detainee is sitting. The Sheriff may extend the limits of the place of confinement of a detainee for the purpose of participation in this program and shall establish a classification system to determine the suitability of detainees who may be potential participants.

This legislation also included the requirement that the DOC, in consultation with DPH conduct a study on the establishment of jail diversion programs for non-violent low-level offenders with substance abuse disorders. Additionally, a study to examine the bail review process by the administrative office of the trial court is also required. These provisions can potentially reduce the pretrial incarcerated populations.

8. **Statutes and practices which result in an inefficient and outdated pre-arraignment process.** The existing statutes, such as Mass. Gen. Laws ch. 40, § 36B, address state how frequently a cell within a lockup facility should be checked by a law enforcement officer, the General Laws do not address condition of confinement issues, or clearly distinguish responsibilities between municipal and county governments for pre-arraignment detainees. A review of the legal basis and conditions for pre-arraignment incarceration and bail practices should be undertaken to assess the desirability and feasibility of adopting a more efficient and seamless pre-arraignment process. In particular, policies of the Court that prevent the use of video appearances should be given a high priority for review and modification.

The CMP strongly urges the re-alignment with the current best practices and the elimination of legal, regulatory, and policy-driven impediments to achieving a more integrated, cost-effective and efficient correctional system.

The newly enacted legislation outlined above was passed during the final stages of this Corrections Master Plan documentation. At this stage of planning the impact of this legislation has not been factored into the estimates of future bedspace needs. However, the CMP recommends that the first *new* bedspaces focus on pre-release are consistent with this legislation. Since the CMP recommends a phased implementation strategy, the opportunity to accommodate bedspace reductions that might result from the implementation of the legislation and future legislation remains.

A MULTI-JURISDICTIONAL APPROACH TO FUNDING THE NEED

An aim of the CMP was to propose opportunities to create a more cost-effective, flexible and integrated system as the basis for determining capital expenditure. After numerous workshops and presentations it was determined that the starting point for this process will involve only minor revisions to responsibilities with respect to pretrial detainees and pre-release / re-entry inmates. However, the CMP does recommend a different approach to the types of new capital projects that should be funded. In large part, new bedspace growth beyond the newly created definition of



Chapter 3

capacity will be accommodated on a multi-jurisdictional or regional basis. This can be a combination of multi-jurisdictional general custody facilities or facilities geared to specific special populations that can result in creating additional general custody bedspaces within existing facilities. Multi-jurisdictional facilities will create more flexibility within the system and special population facilities such as a long term care facility can create efficiencies by consolidating inmates requiring more care and eliminating these special demands from a general custody facility. Consensus on the overarching recommendation has not been reached and will require legislative and executive support.

At the base of the CMP is recognition that capital funding should be viewed in the context of the most served for the least expenditure, in contrast to the traditional model of funding each jurisdiction individually. This does not imply that individual needs will not be addressed, but that especially in the case of counties, the first inclination for funding will be towards those needs that can be met more efficiently through a shared solution. With limited funding available and consolidated for the DOC and Sheriffs, a multi-jurisdictional approach to meeting the needs can meet the needs of the system as a whole more effectively. Future chapters of this report address specific recommendations focused on the subtle realignment of responsibilities, the provision of resources for special populations in a way to make the delivery of services more efficient and cost effective, and the implementation of multi-jurisdictional facilities to create more flexibility in the system.

For the purpose of the CMP, the Commonwealth has been organized into the four service regions previously outlined in Chapter 1 and illustrated in Figure 1-1, grouped as follows:

- 1. Region 1 - Northeast:** Essex and Suffolk Counties
- 2. Region 2 – Central:** Middlesex, Norfolk, and Worcester Counties
- 3. Region 3 – Southeast:** Barnstable, Bristol, Dukes, and Plymouth Counties
- 4. Region 4 – West:** Berkshire, Franklin, Hampden, and Hampshire Counties

The proposed regions are based on geography and are not necessarily existing alliances. While the regional groupings are proposed to address resource sharing opportunities between Sheriffs, these regions may also serve to establish a more effective means of addressing the interface between DOC services, programs, and facilities with those of the Sheriffs.



The Corrections Master Plan
The Final Report

Chapter 4
Master Plan Alternative Strategy
Options

Chapter 4 Master Plan Alternative Strategy Options

In the course of this study, several development options were considered to meet the needs of the Corrections System in 2020. In the end, these options proved to be more similar than different, sharing some components and not others. Instead of focusing on specifics of any or all of the bundled options considered, this Chapter outlines Strategy Options by topic that were instrumental in the development of the Commonwealth's 2020 Corrections Master Plan and briefly describes the recommended option that is more fully described in Chapter 5.

CMP GOALS

Through a process that included numerous stakeholder meetings and input, several overarching goals were identified. These goals were used to evaluate alternative strategies. As these goals can run counter to each other at times, considering priorities in each topic was critical in the development of the Strategic Capital Plan.

1. Alleviate crowding.

Overcrowding is an ongoing concern today that will only be exasperated by anticipated growth of the incarcerated population. A clear strategy on how the Commonwealth can begin to alleviate overcrowding in a consistent manner across the Commonwealth must be a focus of the Strategic Capital Plan.

2. Reduce recidivism.

Rehabilitation and reintegration of offenders back into the community is critical to public safety. Disrupting the cycle of incarceration as well as the victimization of the Massachusetts residents can most effectively be achieved by providing facilities and programs that provide support services and prepare inmates for a new life in the community.

3. Maximize existing resources.

With limited funding, identifying the best use of existing facilities and identifying what entity is best suited for particular functions within the existing system is required to maximize and expand existing resources.

4. Create a more integrated, efficient and cost effective Corrections System.



With the transition to a single funding source, the creation of a more efficient and effective system is possible and critical to enabling Massachusetts to address the challenges moving forward. By considering the system as a whole and establishing more resource-sharing and less duplication, a more integrated, flexible, and effective system with potential cost-savings can be realized.

Master planning must accommodate change. Many steps and decisions will be taken over the course of time based on changing circumstances such as legislative initiatives, population growth, and funding resources. In fact, the greatest impact on the capital cost of meeting the bedspace needs in the Commonwealth will be the decisions that are reached far beyond the scope of this capital plan. For example, a change in sentencing practices and the approach to non-violent offenders could alter the bedspace needs dramatically and reduce the required capital investment by tens, if not hundreds, of millions of dollars.

To assist in evaluating and identifying a preferred strategy in terms of its impact on creating a more efficient and integrated system, a series of questions were posed to focus the debate.

1. Which strategies offer the Commonwealth the most effective basis for offender management?

While existing statutes should not be ignored, neither should the assignment of offender management responsibility be limited to existing traditions. The focus of offender management should be upon the entity of government that offers the best opportunity for preparing the offender to re-enter the community with a significantly diminished likelihood for re-offending.

2. Which strategies most effectively maximize existing resources while meeting the requirements of public safety and offender rehabilitation?

More than 40 correctional facilities currently exist in the Commonwealth. While crowding exists in the majority of existing facilities, the provision of future bedspaces to reduce crowding and accommodate growth should be based upon the maximization of existing bedspaces and the provision of future bedspaces in the least costly manner.

3. Which strategies provide the best opportunity for the elimination of duplicative services and facilities?

The Sheriffs and the DOC have similar requirements for maintaining public safety and the care and custody of inmates. However, at the present time, each provides these services and facilities with a traditional definition of jurisdictional responsibilities that result in a high degree of duplicative services and facilities. Due to the financial relationship between the Commonwealth and the Sheriffs, the elimination of duplicative services and facilities could be more easily accomplished than in many states.

4. Which strategies provide the greater value for money?

Leaving aside traditional role assignments and addressing the issue of the greatest possible return for the public dollar and trust, the evaluation of options should consider which option provides the greatest degree of public safety; the greatest potential for reducing recidivism; and the best opportunity for the duplication of services at the lowest total cost.



STRATEGY OPTIONS OVERVIEW

Currently, except for inter-governmental agreements between certain Sheriffs and the DOC, the two systems share very little. Exceptions include DOC's care of female offenders, male Section 52A pretrial detainees, mentally ill, and/or "safe-keep" inmates.

As previously discussed, Sheriffs are responsible for pretrial offenders and house offenders with a sentence of 30 months or less (except those which send pretrial and sentenced women to MCI Framingham). The DOC houses prisoners with sentences of more than 30 months in addition to civil commitments and operates correctional facilities in 5 of the counties with various missions and classification levels. In general, Sheriffs' facilities tend to be designed to accommodate a broad range of security requirements as pretrial offender's historical behavioral information is often unknown and sentenced inmates range in custody levels. The DOC, with the advantage of the adjudication process (committing offense) and a longer anticipated length of stay, operates facilities of differing security levels that range in both operational and capital costs.

The Sheriffs receive capital and operational funding through the Commonwealth for correctional operations and, with limited exceptions, receive no county funds for local correctional operations. Some Sheriffs accept funding from the Department of Homeland Security for housing illegal immigrants and one county accepts funding for holding out-of-state inmates. These funds tend to remain with the local sheriffs' departments to support and sustain various programs. At the time of this study, approximately 900 federal inmates were being held in Sheriff facilities. While supplementing operating budgets, federal inmates consume bedspaces that could alleviate overcrowding within the Commonwealth's Corrections System.

Because correctional funding for the DOC and Sheriffs is, in large part, from a single source, every opportunity to streamline the system to provide better programs in the most cost-effective manner should be made. System-wide configurations that may have previously not been feasible due to separate funding should now be considered. These configurations could include resource- sharing agreements, regional multi-jurisdictional facilities, shared facilities and programs for special populations, and more aggressive stepping down of DOC inmates into Sheriff facilities and re-entry programs.

From the stakeholder process, challenges were identified that helped inform the recommended approach to the CMP. The CMP addresses the 10 topics in the following three broad groupings, two groupings focus on bedspaces and one grouping is more service-oriented:

General Custody - Male

- Male Pretrial / Section 52A's
- General Population Male Offenders

Special Populations

- Pre-Release
- Women – Pretrial and Sentenced
- Medical
- Mental Health

Support Services

- Pre-incarceration / Pre-Arrestment
- Technology
- Transportation



GENERAL CUSTODY – MALE

For the purposes of the CMP, General Custody bedspaces include male pretrial detainees and male sentenced inmates who are not eligible for pre-release or in need of sub-acute medical or mental health long-term care.

Male Pretrial

As previously stated, Sheriffs have the sole responsibility to house pre-trial detainees. Pretrial detainees have different needs than sentenced inmates, sometimes requiring stabilization, and urgent medical and mental health services. Additionally, they can have short stays. Located close to courts within their communities, Sheriff facilities provide easy access for court proceedings and families of detainees. Currently male detainees are held in Sheriff facilities with the exception of Section 52A's. CMP strategy options focused only on Section 52A's.

Section 52A detainees are offenders who have been previously incarcerated under a felony sentence in DOC facilities. As outlined in Massachusetts General Law, Part IV., Title II, Chapter 276, Section 52A, the DOC Commissioner is granted authority to relocate these detainees from jails to correctional institutions, with the approval of the district attorney. Likewise, these detainees can be returned to jails for proceedings. The cost of support of these detainees is to be paid by the Sheriff's jurisdiction of their committing offense. In practice, this has resulted in DOC taking the primary responsibility for these detainees, either housing them or making arrangements with other Sheriffs to house them.

As averaged from 2006 through 2009, the originating counties for the majority of 52A's were Suffolk County (57%), Middlesex County (32%) and Worcester (8%). The remaining 3% come from Bristol, Norfolk, Plymouth, and other counties to lesser degrees. In addition to DOC facilities, some of these detainees are held at Plymouth County Sheriff facilities. There is no transfer of funds between the DOC and Sheriffs to address operating costs associated with these detainees.

Due to crowding in all facilities, new bedspaces will be required for Sheriffs and the DOC. Therefore, the determination of the most appropriate location for this population will be critical to assess the bedspace needs accordingly. Options for housing 52A's are as follows:

1. Status Quo:

This option continues to place the burden on DOC for their care and custody of 52A's. Although these detainees have served previous sentences in DOC facilities, their status within the system is pretrial. As such, "persons on a charge shall not be confined with convicts" according to MGL c.127, section 22. Without revisions to this law, it is inefficient and a burden for DOC to provide separate pretrial DOC facilities, given their primary mission is the incarceration and rehabilitation of serious offenders. The removal of these inmates from Sheriff facilities increases transportation costs to court and makes family visitation more difficult.

2. Relocate/ transfer 52A's to committing Sheriff facilities:

Based on the premise that Sheriff facilities are typically designed to house all security levels and are accustomed to dealing with pretrial detainees, this option requires the transfer of 52A's to Sheriff facilities. Operationally, this option would reduce transportation costs, result in a more efficient use of bedspaces in existing pretrial units and bring detainees closer to their families.

3. Designate an existing facility to house Section 52A's:



This option considers housing these detainees in an underutilized facility that could potentially have underutilized capacity. In fact, this is in practice to some extent today with many 52A's being housed in the Plymouth Jail & HOC. The disadvantages to this option are similar to Option 1 except that if housed in a Sheriff facility, there is improved efficiency. However, as populations grow, any 'underutilized capacity' would likely be consumed by detainees and inmates from the originating counties of those facilities.

Although Options 1 and 3 are in effect to some extent today, Option 2 served as the basis in the development of the CMP Strategic Capital Plan. The CMP recommends adding the bedspace needs for 52A's to the Sheriff facilities in the committing county. As previously stated, the impact is in large part on Suffolk, Middlesex, and Worcester Counties. As Middlesex and Worcester are in the Central Region, it may be possible to address the added bedspace need or the resulting overflow of sentenced inmates in a regional facility.

General Population Male Offenders

Typical of all correctional systems in the United States, the incarcerated population in Massachusetts is predominantly male. By 2020, the total male incarcerated population is expected to grow to almost 31,000, 94% of the total incarcerated population. The category of General Population Male offenders discussed in this section in the context of the CMP *excludes* inmates eligible for pre-release and inmates requiring sub-acute (long term) care in medical and/or mental health facilities.

As will be discussed in greater detail under the topic of Pre-Release later in this Chapter, the number of eligible pre-release inmates to be housed in separate facilities and deducted from the general population is dependent upon legislated mandatory sentencing requirements in addition to the classification system used by the DOC. The number of general population bedspaces estimated for 2020 is between 26,172 and 24,474, with 15,166 in Sheriff facilities and 9,308 -11,006 in DOC facilities. With a total 2020 bedspace need of 33,631, the male general population bedspaces will constitute between 73% and 78% of all bedspace needs.

With current overcrowding and anticipated growth in the incarcerated population, the CMP recommends that federal inmates currently held in Sheriff facilities be removed over time. There were 3 major strategy options considered:

1. Status Quo:

This option assumes the continuation of historical incarceration roles. Capital resources will be allocated to expand and maintain existing facilities and programs that provide for the management and responsibility of the inmate populations of the DOC and Sheriffs separately. Informal agreements between parties regarding the transfer of inmates and the sharing of resources would continue.

With current overcrowding, aging facilities, and anticipated growth, the need to stretch resources will only increase. Adding bedspaces by jurisdiction would require multiple projects of varying sizes that would outpace available funding provide little flexibility for changing bedspace needs between counties and fail to address overcrowding in a more comprehensive manner. Although the least disruptive to the current 'silos' between jurisdictions, the magnitude of the needs within the system makes this option unsustainable.

2. Managed Growth through Cooperative Agreements:

This strategy option proposes to continue the historical responsibilities of pretrial detention and sentences up to 30 months remaining that of the Sheriffs and DOC housing offenders sentenced to more than 30 months.



Under an approach that manages growth with the continuation of current practices, the individual Sheriff pretrial bedspace needs would be satisfied on a county-by-county basis with formalized resource-sharing agreements between Sheriffs in neighboring counties. While not a “regional model” which handles growth with new multi-jurisdictional facilities, this option proposes the creation of “virtual regions” and the development of inter-county agreements to maximize available (and additional) bedspaces. The growth needs of the DOC would be met through the expansion of services and facilities with an emphasis on recognizing the capital implications of reduced custody levels and the implementation of pre-release programs.

3. Institution-Based Correctional Services:

This strategy option proposes to establish correctional service regions that would eliminate the existing duplication of services through a combination of cooperative agreements and the development of new regional facilities serving both DOC and Sheriff inmates. The capital focus of this option would be the expansion of bedspaces through the creation of new Community Treatment Centers – CTC’s with the concentration of programs and services for Sheriff and DOC sentenced long-term minimum custody inmates in intensive treatment, medical, mental health, and women inmates. The Commonwealth will be sub-divided into four regions: 1) northeast; 2) southeast; 3) central, and 4) western.

Pretrial needs would be satisfied on a county-by-county basis with formalized resource-sharing agreements between adjoining counties. Additional pretrial beds would be created by transferring County-sentenced inmates with lengthier sentences to regional general custody facilities similar to CTC’s. Additional reentry bedspaces would be created either in small leased facilities in communities or through a proto-type building program for up to 200 Sheriff and DOC inmates at the regional CTC sites or at existing county facilities that have available sites.

The advantages of this strategy allow for the continuation of jurisdictions while focusing on resource-sharing to achieve greater flexibility, cost-savings, and efficiency. By sharing resources for special treatments and populations, general custody facilities can operate more efficiently. Growth of general custody populations can be addressed regionally in multi-jurisdictional facilities, adding flexibility in addressing changing bedspace needs from county to county.

Challenges in this strategy are focused on creating governance structures for these facilities, negotiating shared classification systems and the appropriate allocation of operational funding.

4. Community-Based Correctional Services:

This strategy option proposes a significantly altered correctional model for the Commonwealth where the responsibility for all incarceration services for inmates sentenced to more than 12 months would be assigned to the DOC; reentry programs would be the exclusive responsibility of the Sheriffs. A risk and needs assessment would determine whether a sentenced inmate qualifies to directly enter a county-based reentry program or remains in a DOC facility for treatment services until eligible for a reentry program.

This approach would likely require the construction of additional DOC minimum custody bedspaces to accommodate more inmates and the repurposing of Sheriff facilities to focus on pretrial detainees and inmates eligible for pre-release /re-entry. This major organizational restructuring would require legislative initiatives, facility repurposing and policy reform.



The Status Quo Option 1 is not sustainable. With limited funds and all jurisdictions sharing the same funding source, maintaining the status quo is a missed opportunity to create a more integrated, flexible and efficient system in the Commonwealth.

While Option 2, provides benefit in the implementation of ‘virtual regions’ through inter-county agreements and enables the continuation of the status-quo to a large extent, it does not provide a more cost-effective strategy for adding new bedspaces and offers limited efficiencies.

While Options 3 and 4 are similar in that both assign inmates in a manner that enables the delivery of services in a more comprehensive and effective correctional service, Option 3 is less disruptive, builds on the existing system to gain efficiencies and was the recommended strategy developed in the CMP Strategic Capital Plan. However, Option 3 does require the implementation of new governance structures, negotiating shared classification systems and the appropriate allocation of operational funding.

SPECIAL POPULATIONS

Special populations in the CMP include populations that are segregated from the large segment of the incarcerated male population due to gender, program, and/or treatment needs. These populations include pre-release inmates, women, and inmates requiring medical and mental health sub-acute care.

Pre-Release

Pre-release and re-entry programming is core to the reintegration of inmates back into the community and the reduction of recidivism. The focus of all strategy options must be to deliver the most effective programs that enable inmates to lead more productive lives in the community after incarceration to reduce recidivism. Developing connections to the community including access to services, housing and jobs are central to a successful reintegration.

In a DOC commissioned classification study, significant opportunities to modify the DOC’s classification system were identified that could reduce the security levels of many inmates, increasing the number of inmates eligible for pre-release without jeopardizing public safety.

The CMP recognizes that any strategy to reduce recidivism must include access to pre-release / re-entry programs available only to inmates classified as eligible. Efforts to support DOC towards implementing further classification reform are recommended.

Since women are considered a separate special population, this section focuses primarily on male inmates. Three basic strategies were considered that mirror the general custody options as follows:

1. Status Quo:

This strategy option assumes the continuation of historical incarceration roles and duplicated efforts. Currently, the DOC and Sheriffs provide pre-release programs with little coordination. The lack of a consistent classification system and a clear process as well as formalized agreements and funding hamper a more integrated approach to pre-release.

Although some eligible inmates are transferred to Sheriff facilities for pre-release, this practice has not been widespread. Stepdown of DOC inmates into Sheriff facilities closer to their communities of origin is



generally not in practice. Although DOC provides similar programs, they do not have facilities in every county or even in every region. Inmates do not have access as readily to the services in the communities to which they will return.

This option would seek to provide pre-release facilities co-located with existing pretrial and sentenced units for DOC and Sheriffs except for community custody residential and non-residential facilities which may be located away from confinement units. The removal of federal inmates can provide some bedspace expansion. DOC would continue to handle pre-release for its inmates and would require additional bedspaces.

2. Managed Growth through Cooperative Agreements:

This strategy option proposes to continue the historical responsibilities and the duplicative roles of the Sheriffs and DOC. However, future growth in the system can be satisfied on a county-by-county basis with formalized resource-sharing agreements between Sheriffs in neighboring counties. Expansion of a Sheriff facility and pre-release programs could be designed to house inmates from a neighboring county but be run by a particular Sheriff. The DOC expansion would be handled with new prototype pre-release /reentry facilities located adjacent to existing DOC institutions where possible.

Although not ideal in that inmates are not located in their communities, this strategy allows for the continued use of existing facilities while addressing Sheriffs' needs collectively. DOC inmates would remain in separate facilities.

3. Institution-Based Correctional Services:

This strategy option proposes to establish correctional service regions that through a combination of cooperative agreements and the development of new regional facilities would serve Sheriff inmates and most DOC inmates eligible for pre-release. While DOC would continue to house pre-release inmates in existing facilities, projected new bedspaces would be added to Sheriff facilities. These facilities would concentrate programs and services for Sheriff and DOC inmates over four regions in the Commonwealth and would be run by Sheriffs.

This strategy can consolidate some services to make them more cost-effective and create more consistency in pre-release programs across the state. A more aggressive DOC step-down program with consistent classification criteria could be implemented.

4. Community-Based Correctional Services:

This strategy option proposes a significantly altered correctional model for the Commonwealth where the responsibility for all incarceration services for inmates sentenced to more than 12 months would be assigned to the DOC; reentry programs would be the exclusive responsibility of the Sheriffs.

By making re-entry the sole responsibility of Sheriffs, the duplication of efforts by DOC could be eliminated. However, as previously stated, this approach would likely require the construction of additional DOC bedspaces and the repurposing of Sheriff facilities to focus on pretrial detainees and inmates eligible for pre-release /re-entry. This major organizational restructuring would require legislative initiatives, facility repurposing and policy reform.

The benefit of this strategy is that all pre-release inmates could be located close to their communities and the duplication of roles for the Sheriffs and DOC would be eliminated entirely. A more aggressive DOC step-down program could be implemented. This strategy would require the repurposing of existing DOC



pre-release facilities if all inmates were transferred to Sheriffs. However, it is unlikely that all inmates can successfully be transferred to Sheriffs, requiring DOC to continue to handle some pre-release inmates.

Conditions are not consistent across the Commonwealth with varying sizes of pre-release bedspace needs and programming, as well as varying inventories of existing pre-release bedspaces in each county and region. There is not a single strategy for how to handle pre-release in Massachusetts. The CMP recommends utilizing elements of strategy options 1 through 3 in response to the varied conditions across the Commonwealth. However, in all cases, a more aggressive program of DOC step-down into Sheriff facilities is recommended. Where possible to address the needs, continued use of existing Sheriff and DOC pre-release facilities and programs should be continued. Where existing successful programs can be expanded to serve multiple county populations to address needs on a regional basis, expansion of existing Sheriff facilities should be undertaken. Although the restructuring of Option 4 is not recommended, the creation of new multi-jurisdictional pre-release facilities remains as a viable approach.

Women

As discussed in more detail in the following Chapter, the management of female offenders presents unique challenges to the traditional “male-centric” system. With higher rates of mental health disorders than their male counterparts, histories of physical abuse, psychological stress associated with separation from children, and higher risk than their male counterparts for experiencing co-occurring mental illness and substance use disorders, the needs of women offenders are extensive.

Critical issues surrounding the incarceration of women include the provision of programs while awaiting trial, mental health and substance abuse treatment and proximity to their children. Several options similar to the 4 options outlined for male offenders were also considered for pretrial, sentenced, and pre-release women. The small numbers of inmates across the various jurisdictions limit the options due to the need for a critical mass of inmates required in order to provide these services in a cost effective manner.

1. Status Quo:

Women comprise approximately one third of the newly sentenced DOC population, yet only 5.6% of the average daily population (2007) were women. While the number of women given a custodial sentence by the Court is increasing (also nationally), their length of confinement remains low. Additionally, many female inmates serve a large portion of their sentences as “time served” awaiting trial. Although the number of women entering DOC custody has increased during recent years, this rate of growth has been outpaced by the growth in new male admissions with longer sentences, keeping the overall percentage of the female DOC incarcerated population relatively stable with respect to the total population.

More than half of the approximately 1,322 incarcerated women in the Commonwealth (2009 ADP) are currently held in very crowded conditions at MCI Framingham. As the incarcerated women population grew, some Sheriff departments could not provide the segregated facilities required to house the relatively small number of women in each county and correctional staff were not equipped to address the special needs of female offenders. As a result, many county-sentenced and pretrial women were sent to MCI Framingham where the combined populations could take advantage of special programs. Most of the women held at MCI Framingham are either pretrial detainees or county-sentenced. In fact, only 37.5% of the women currently held in Framingham have DOC sentences or are legitimately the responsibility of the DOC.

Women are also held in a few Sheriff facilities and in small numbers in many cases. Identified pre-release units within communities are extremely limited with facilities only in Essex and Hampden Counties. While



expansion of MCI Framingham / SMCC will be considered, it alone cannot address all the needs associated with women offenders. A Status Quo scenario would not address the needs of women offenders.

2. Managed Growth through Cooperative Agreements:

Due to the lack of existing facilities for women, future growth in the system cannot solely be satisfied on a county-by-county basis with formalized resource-sharing agreements between Sheriffs in neighboring counties. Expansion of some Sheriff facilities would be required and should be designed to house inmates from a neighboring county. New pre-release facilities would need to be developed in multiple locations.

3. Institution-Based Correctional Services:

This strategy option proposes to establish correctional service regions that would eliminate the existing duplication of services through a combination of cooperative agreements and the development of new regional facilities to serve all Sheriff inmates and pretrial detainees. MCI Framingham would house all DOC sentenced women. New pre-release facilities would need to be developed in multiple locations.

4. Community-Based Correctional Services:

This strategy considered creating a single multi-functional facility for all sentenced women (DOC and County-sentenced) to replace MCI Framingham and shifting all pretrial women back to Sheriff facilities. This would require the shifting of male populations currently housed in Sheriff facilities into multi-jurisdictional male facilities in order to accommodate these relocated women.

Pretrial detainees in many cases are more demanding of services than sentenced inmates. Besides requiring access to courts and their families, these detainees frequently require stabilization, detoxification and routine medical treatments they have previously been unable to obtain. While logical that pretrial detainees be kept in Sheriff facilities near the courts to minimize transportation costs, in the case of women this is not necessarily the most effective strategy, given the specialized needs of women.

As women spend a much longer portion of their incarceration in the pretrial status than their male counterparts, the window of opportunity to have a positive impact on their lives is frequently during this phase. Should women be confined in Sheriff facilities closest to the courts, their small numbers cannot produce the critical mass required to provide the needed services and programs in a cost effective manner. Additionally, incarcerated women are more easily rehabilitated in a 'community' setting as opposed to being isolated in a male facility. Additionally, housing women in small numbers results in an inefficient use of facilities. In fact, as previously discussed, a large portion of pretrial women are held at MCI Framingham for these reasons. Therefore, relocating pretrial women in small numbers to multiple Sheriff facilities and displacing men is not an ideal solution.

While access to courts is less of a concern for sentenced women, maintaining the connection to their children remains a concern. For all the reasons mentioned above, the CMP recommends creating regional women centers to house all pretrial and sentenced inmates by expanding selected existing DOC and Sheriff facilities and programs on a regional basis. Sheriffs and the DOC would continue to operate these facilities however cooperative agreements would be required. Expanded teleconferencing for court hearings and a more efficient transportation system has the potential to mitigate some of the disadvantages of regionalizing.

With reintegration the focus in the last 6 to 12 months of an inmate's sentence, pre-release facilities are best located in the communities to which the inmates will return. Access to services, jobs, families, and housing while incarcerated can enable a more successful reintegration into society and reduce the chances of recidivism. Therefore, the CMP recommends pre-release facilities be located in communities within each county best suited to for reintegration. This could involve the continued use of existing pre-release facilities, the repurposing of existing facilities, or the



development or leasing of new pre-release facilities. Where populations are small, facilities could be located to serve multiple counties and run by either a particular Sheriff or through a new governance structure involving multiple Sheriffs and the DOC. The regional women facilities can serve as resources for these smaller women pre-release facilities.

Medical

A distinction between acute and sub-acute care is central to the discussion of medical bedspaces. Acute care is \ short term care while sub-acute care is focused on long term bedspaces for chronically ill and/or aging inmates who require special treatment, cannot successfully function and may be vulnerable in the general population. Typically, sub-acute facilities are similar to assisted-living with limited availability of skilled nursing beds. These bedspaces are for inmates requiring assistance with daily living (ADL's).

Acute Care

In all strategy options, the assessment of existing infirmaries and clinics in existing facilities will be required. The use of Shattuck Hospital bedspaces or replacement bedspaces as well as the use of local community through standard rate contracts is constants in all strategy options. The provision of sub-acute bedspaces will open many existing infirmary beds for their intended use as acute care beds.

Sub-Acute Care

While determining how to best provide adequate acute care (on-site services and services in local hospitals) is a critical component of the health care delivery system, a more immediate need in the Massachusetts Correction System is the provision of sub-acute care beds for the medical populations. In the workshops held with stakeholders and during site visits to facilities, the lack of sub-acute medical and mental health beds was repeatedly reported. In fact, there were only 13 beds identified for long-term care (ADL's) in 2007 and plans for increasing these bedspaces were underway during the course of this study. A decided trend in prisons has been an attempt to separate the long-term, chronically ill, or disabled inmates from the general population through separated housing, and if possible, separate, purpose-built facilities.

The calculation of the number of long term care beds by acuity levels in a corrections setting is a survey driven science accomplished with the aid of clinicians. This more extensive effort was beyond the scope of the CMP, however, for preliminary planning purposes, an estimate was generated utilizing benchmarks from other jurisdictions. Prior to implementation of specific bedspace projects, a focused and detailed needs assessment study will be required.

The 3 strategy options for sub-acute medical bedspaces are outlined as follows:

1. Status Quo:
If current operations remain unchanged, sub-acute care needs of Sheriff inmates would be met by utilizing existing infirmaries as well as portions of existing housing units. Staffing and treatment would remain inconsistent. For the DOC, designated facilities would need to be upgraded or new bedspaces developed.
2. Managed Growth through Cooperative Agreements:
Similar to the Status Quo, a portion of sub-acute care bedspace needs for Sheriff inmates would be met by designating portions of existing housing units. Additional bedspaces dedicated to medical populations would be added on a regional basis with cooperative agreements between Sheriffs. The DOC would



identify more existing bedspaces for sub-acute care and expand Shattuck bedspaces for more intensive sub-acute cases.

3. Institution-Based Correctional Services:

The sub-acute care needs of Sheriff inmates and the DOC would be met through the construction of purpose-built Community Treatment Centers serving both populations. The DOC would be responsible for the provision of these medical services.

As the most cost-efficient and effective way to provide sub-acute care is to combine populations into specialized units, Option 3 is recommended. Retrofitting and staffing multiple facilities would not provide consistent care and may ultimately prove to be more costly operationally. By removing these special needs inmates from multiple facilities, infirmity beds will become available for their intended use and ease of operations will be enhanced. Because the majority of inmates requiring long term care would be DOC inmates and because DOC has the organizational infrastructure, these sub-acute care facilities would be managed by the DOC.

Mental Health

Due to the de-funding of community mental health agencies and the closure of many community-based residential mental health treatment centers, in most jurisdictions throughout the USA, correctional facilities have become the mental hospitals of the past. The Commonwealth is no exception to this phenomenon with the unfortunate result of jails and correctional institutions housing an increasingly high percentage of inmates with mild to severe mental disorders.

For the purposes of this study, short-term crisis care or acute care includes stabilization units and mental health observation. As these beds are for short-term care, for purposes of this study they are in addition to housing bedspace needs and would be included in the support spaces at any given facility or in centralized facilities.

Sub-acute care includes longer term treatment beds for inmates requiring separate housing from the general population for special programming and/or treatment. Although Alcohol /Substance Abuse Residential Treatment Units are a critical component of the system, bedspaces projections for this population have not been disaggregated from the general population at this time but should be considered in the follow-up Needs Assessment Study.

Strategy options for mental health bedspaces considered are outlined below:

1. Status Quo:

Currently, male inmates with mental illness requiring specialized treatment and housing are held at Bridgewater State Hospital (BSH). Although mostly DOC inmates, Sheriff inmates who are determined to be eligible are also housed at BSH. However, due to a lack of bedspaces, there are few bedspaces available to Sheriffs. Many of these inmates are held in infirmaries, general custody beds, or special management beds.

Continuation of the Status Quo would require the expansion of BSH in addition to the relocation of the civilly committed mentally ill to DMH facilities in order to accommodate DOC and the more severe Sheriff inmates. Additional bedspaces would need to be designated for this population in Sheriff facilities.

Because the configuration of BSH is not well-suited for this population, expansion is not an ideal solution. Designating bedspaces in Sheriff facilities can make management of these inmates within each facility more



manageable, staffing and treatment programs would be duplicated exponentially and likely vary dramatically in effectiveness.

2. Managed Growth through Cooperative Agreements:

Recognizing that BSH is unsuitable for its current use, this strategy option includes the construction of a new and larger Correctional State Hospital to accommodate all DOC mentally ill inmates and civil commitments should they not be relocated to DMH facilities. For Sheriffs, selected housing units within existing facilities would be designated for the mentally ill including the construction of new beds. These facilities would be sized to accommodate inmates from adjoining counties. Cooperative agreements would be required.

3. Institution-Based Correctional Services:

This strategy option includes the repurposing of BSH as a minimum security facility and the construction of new Community Treatment Centers (CTC's) to house mentally ill DOC and Sheriff inmates. These facilities would be run by the DOC.

Like medical sub-acute care, the most cost-efficient and effective way to provide treatment is to combine populations into specialized units, unburdening individual facilities with staffing and treatment. Therefore, Option 3 is recommended.

In the majority of cases, inmates with severe enough mental health problems to require special treatment (more than a regime of psychotropic medicine) often also have a medical condition that requires constant observation and treatment. For this reason, the CMP recommends the creation of CTC's that address the sub-acute medical and mental health needs of both the DOC and Sheriff populations.

ADDITIONAL STATE-WIDE IMPROVEMENTS

Improvements of the delivery of support services will be core to the creation of a more efficient and cost-effective system. This section focuses on strategy options under 3 categories: Pre-arraignment, Technology, and Transportation.

Pre-arraignment

Although currently not the responsibility of the DOC or Sheriffs, pre-arraignment has an impact on the efficiency and effectiveness of the criminal justice system in Massachusetts. Pre-Arraignment in the Commonwealth is different from that of many states. In a majority of counties throughout the USA, an individual arrested is often taken directly to the county pretrial facility for booking and the pre-arraignment and arraignment processes. In some instances, an arrestee may be taken to a police lockup for identification, but soon transferred to the local county facility for booking and the beginning of the arraignment process.

In the Commonwealth, local municipal and State Police lockups typically provide holding until the pre-arraignment process is completed. After that, those arrestees that do not make bail are transferred from a lock-up to the pretrial county jail in a Sheriff facility. Many of the 300 local lockups are understaffed and inadequate for holding arrestees beyond a very short timeframe. Furthermore, some towns may not be utilizing their lockups due to staffing, liability, or capacity issues. Most do not have the cells for medical isolation, respiratory isolation, alcohol and/or drug withdrawal,



suicide watch or self-protection (restraint). Without facilities for meals preparation, laundry, visiting, day rooms, showers, or medical clinics, these facilities are not equipped to hold arrestees for any significant period of time.

Although the financial responsibility for the pre-arraignment process currently rests with the municipalities and the State Police, Sheriff facilities are better equipped to handle the myriad of issues surrounding arrestees. With the most crucial high-risk period for suicide in the first 24 hours, the current practice may not be the most effective and cost-efficient method for the Commonwealth. Strategy options considered are outlined below:

1. **Status Quo:**
Pre-arraignment incarceration would remain the exclusive responsibility of the local municipalities and the State Police. Informal agreements would remain in place.
2. **Managed Growth through Cooperative Agreements:**
Pre-arraignment incarceration would remain the exclusive responsibility of the local municipalities and the State Police. A greater use of diversion programs that reduce the number of arrestees requiring pretrial detention would be encouraged. Additional improvements could include the formalization of agreements between Sheriff facilities and local municipalities to handle lock-ups or pre-arraignment incarceration in specific instances, upgrade existing lockup facilities, and improve bail accessibility.
3. **Institution-Based Correctional Services:**
This strategy would transfer all pre-arraignment incarceration responsibilities to existing Sheriff facilities. This would at minimum require the upgrade and possible expansion of intake / booking areas as well as incur additional court transports. Use of video-arraignments, electronic tracking of detainees instead of incarceration, electronic transfer of information and mandatory 24 hour arraignment would be expanded.

Although recognizing the benefits of Option 3, the needs that must be addressed in existing Sheriff facilities and the jurisdictional issues that must be resolved between Sheriffs and the DOC have a greater priority at this time. However, the CMP recommends further assessment of booking / intake areas at Sheriff facilities to accommodate regional lockups as they are considered in building studies. The feasibility of formal agreements with local municipalities and the relative need on a regional basis should be included in that assessment.

Technology

Without a more integrated approach to information gathering, storage, retrieval, dissemination, and management, capital dollars invested to improve existing facilities and create new correctional facilities will only result in additional “stovepipes” that have limited impact on improving the delivery of correctional services. Therefore, while the correctional system, represented primarily by the DOC and the Sheriffs in this plan, regularly invests in technology, this investment is in large part without regard to decisions being considered by other correctional agencies, and almost never with consideration to the plans of other criminal justice agencies. Any initiative to improve the management of criminal justice information must involve all stakeholders in the system.

The full implementation of MaSSNet previously called Integrated Criminal Justice Information System (ICJIS) is recommended as central to any strategic option. Expansion of data sharing to include all Sheriffs and the DOC will be central to creating a more integrated and efficient corrections system. This will become more critical as resource-sharing, regional facilities and DOC step-down of inmates into Sheriff facilities are advanced.



Transportation

The movement of inmates and detainees is a major annual expenditure for the DOC and Sheriffs which normally includes a variety of destinations between jails, jails and prisons, prison transfers, courts, medical and dental centers, interstate transfers and other special purpose trips. As each jurisdiction typically provides their own inmate transportation, transportation has not been considered from a system-wide perspective. Although the CMP focuses on capital investment with the goal to create a more integrated and coordinated system, upgrading support services will be critical as well. Strategy options considered are outlined as follows:

1. **Status Quo:**
The DOC and Sheriffs would retain control over their separate systems to transport their inmates. Operating efficiencies could be achieved through voluntary participation in a technology-based scheduling and tracking system implemented by DOC. A State-County vehicle coordination and trip sharing program could begin to create efficiencies and consistently log trips to inform additional future efficiencies that may be sought. A central vehicle purchasing program would also give user agencies the benefit of reduced purchase prices.
2. **Managed Growth through Cooperative Agreements:**
In addition to the technology-based scheduling and tracking system described in Option 1, this strategy option would also include cooperative agreements between Sheriffs and the DOC for routine trip sharing, similar to the current West Region system operating out of Hampden County. DOC inmates who have court appearances that span more than one day could stay at Sheriff facilities.
3. **Institution-Based Correctional Services:**
In addition to the technology-based scheduling and tracking system described in Option 1, this strategy option would include regional transfer stations, possibly associated with new regional facilities or existing facilities. The transfer stations would have the capacity to hold inmates on a short-term basis. Vehicles would be assigned to each regional center. These regional centers would serve DOC and Sheriffs where possible. In regions where no DOC facilities exist, a particular Sheriff facility could be designated as a transfer center. This strategy option could include a fixed routed scheduled system using larger buses rather than the current van-based demand-response type system.
4. **Community-Based Correctional Services:**
This strategy option would create a coordinated inmate transportation system under the management and control of the DOC for trips between the DOC and multi-jurisdictional facilities and Sheriff facilities. Sheriffs would retain control of local trips or regional service needs to courts and medical appointments. Regional transfer centers could enable the transfer of inmates from the DOC to a local pre-release facility or from Sheriff facilities to the DOC. Legislation would need to be modified to allow pretrial and sentenced inmates in the same vehicles.

Without adequate data, it is difficult to implement an entirely new centralized system. Therefore the CMP recommends the implementation of a technology-based scheduling and tracking system managed by DOC with Sheriffs inputting into the system to share their transportation schedules and allow for tracking to provide a basis for a possible future fixed route system supplemented by local transports. Central purchasing should be implemented immediately. With the appropriate tools and support that include addressing change of custody issues, transportation costs can be reduced without compromising service. The DOC system can provide expand service with larger vehicles to make it more cost effective and Sheriffs can begin to focus on shorter local or regional trips.



The Corrections Master Plan
The Final Report

Chapter 5
The Strategic Capital Plan

Chapter 5 The Strategic Capital Plan

Based on the population forecasts, bedspace capacity definitions and strategy options outlined in previous chapters, Chapter 5 The Strategic Capital Plan combines the data to describe the Corrections Master Plan recommendations and illustrate the rationale behind the Strategic Capital Plan.

As a result of an interactive process involving numerous stakeholders, CMP goals as discussed in Chapter 4 evolved and include: 1) Alleviate crowding; 2) Reduce recidivism; 3) Maximize existing resources; 4) Create a more integrated, efficient and cost-effective system. Based on these goals, several overriding concepts emerged to define the Strategic Capital Plan.

The maximization of existing resources is central to the Corrections Master Plan. Besides developing a process to address deferred maintenance (as discussed in Chapter 2) and capital improvements, identifying the **best use of existing facilities** as well as building on existing expertise and resources within the system is required to gain maximum benefit. Expansion of the system to maximize the potential of each facility while creating a strategy to add new facilities is required for the creation of a more integrated system.

New facilities must focus on providing services in a more **cost-effective and efficient** manner. **Special treatment populations** are currently dispersed throughout the system, straining budgets and staffing and limiting effectiveness. New multi-jurisdictional and/or regional special treatment facilities can enable a more cost-effective delivery of services while unburdening each facility of these expenses and alleviating overcrowding by relocating special populations into purpose-built facilities.

The concept of **shared resources** will be critical in achieving efficiencies. As a result of a system where each Sheriff and the DOC have historically operated and were in large part funded independently, many services and systems are duplicated with little coordination or sharing of resources. With current costs unsustainable and funding now single sourced from the Commonwealth, the CMP seeks to identify opportunities to create a more efficient and integrated system, building on the strengths and expertise present in the system today.

Centralized support systems that enable all jurisdictions to realize economies as well as add flexibility to the system must be considered. The autonomy of individual jurisdictions must be balanced with efficiencies that are critical to creating a sustainable system.



An **emphasis on pre-release** in order to reduce recidivism and prepare inmates to become productive members of their communities upon release is a major building block in the CMP. To this end, the CMP seeks to encourage a more aggressive DOC step-down program into Sheriff facilities where access to community services and connections to families can be more easily made. By providing more pre-release facilities within communities, pre-release inmates can make these critical connections and overcrowding in existing facilities can begin to be mitigated.

This Chapter, The Strategic Capital Plan, outlines the approach to meeting the CMP goals by examining different populations within the Corrections System. Historically, the majority of inmates have been male and therefore existing facilities have been focused on addressing their needs and issues. Special populations are in the minority in the system but have been growing in the last decade, placing strains on the existing system.

Because the needs of these special populations differ from the majority of offenders within the system, the Strategic Capital Plan focuses on disaggregating these populations and examining their needs separately. This Chapter begins by focusing on each of the Special Populations, then focuses on the General Custody Male Population and concludes with discussions on overarching topics including Pre-arraignment Incarceration, Technology, Transportation, and Accessibility.

Part 1: Special Populations

While the need for general custody accommodation is apparent at the DOC and Sheriff departments, not unlike most jurisdictions today, the most pressing need is for special custody bedspaces. In the context of this CMP, special custody populations include the following:

1. Women Offenders
2. Medical Population
3. Mentally Ill Offenders
4. Pre-Release/Reentry Offenders
5. Sex Offenders in Core Treatment

Part 1 of this Chapter examines the needs of each of these special custody categories and recommends a capital investment. Project cost estimates and additional annual operating costs associated with the capital investment are covered in Chapter 6.

WOMEN OFFENDERS

The management of female offenders presents unique challenges to correctional administrators. With the expansion of the female inmate population during the 1980's and 1990's, the traditional "male-centric" system was stressed by new demands. As a result, significant attention has been focused recently on the adoption of "gender-responsive correctional practices" – practices that recognize and address specific issues unique to incarcerated females. These issues impact many aspects of the system such as the location of facilities, the type of housing and kind of programs required.

In the Inventory and Analysis Report, four overarching characteristics of incarcerated women were identified and are outlined below:



1. Women inmates in Massachusetts correctional facilities exhibit consistently higher rates of mental disorder than their male counterparts. Consistent with this, the DOC reported that 67% of women held at MCI Framingham in 2007 were actively on the mental health caseload and over 50% were receiving psychotropic medications.
2. National surveys indicate that approximately 57 percent of women entering correctional facilities report histories of physical abuse (approximately four times the rate of men); 39 percent report histories of sexual abuse (approximately eight times the rate of men); and 37 percent report being victimized as children (approximately two and a half times the rate of men).
3. Incarcerated women experience psychological stress associated with separation from children. An estimated 65 percent of women entering correctional facilities have minor children, and approximately 64 percent of the women lived with their children prior to incarceration.
4. DOC data from 2007 indicated that 86% of women reported histories of substance abuse. An estimated 60 percent of women in correctional facilities meet the criteria for substance abuse or dependence and women entering prison are at higher risk than their male counterparts of experiencing co-occurring mental illness and substance use disorders.

While some of these characteristics also describe men offenders, they are more prevalent in the female population and, thus, require special consideration in capital planning. As a cohort within the correctional system, women offenders consume a disproportionate percentage of resources due to unique medical, mental health, treatment, and even general custody requirements.

Current Conditions in the Commonwealth

More than half of the approximately 1,322 incarcerated women in the Commonwealth (2009 ADP) are currently held in very crowded conditions at MCI Framingham. In large part, this is due to MCI Framingham housing many women, both sentenced and pretrial, that have received county sentences and are technically the responsibility of the Sheriffs. In fact, 47% of the women currently held in Framingham have DOC sentences or are legitimately the responsibility of the DOC, including 3.4% which are Civil Commitments, Federal inmates and Holds for Other States.

As the incarcerated women population grew, some Sheriff departments could not provide the segregated facilities required to house the relatively small number of women in each county and correctional staff were not equipped to address the special needs of female offenders. As a result, many county-sentenced and pretrial women were sent to MCI Framingham where the combined populations could take advantage of special programs. In fact, Massachusetts General Law Chapter 125, Section 16 included provisions to house county-sentenced women and awaiting trial women at MCI Framingham. While this solved several problems when implemented, the population has now grown and outpaced MCI Framingham's capacity, compromising its mission to rehabilitate serious offenders. Not only is MCI Framingham dealing with overcrowding, it also has to deal with the challenges of a varied population which includes pretrial women unaccustomed to the system and frequently in need of detox and stabilization, female offenders serving relatively short sentences, in addition to female offenders serving more serious time.

Women comprise approximately one third of the newly sentenced DOC population, yet only 7% of the average daily population (ADP) in 2009 were women; including county women (DOC women comprised only 3.4%). While the number of women given a custodial sentence by the Court is increasing (also nationally), their length of confinement remains low. Additionally, many female inmates serve a large portion of their sentences as "time served" awaiting trial. Although the number of women entering DOC custody has increased during recent years, this rate of growth



has been outpaced by the growth in new male admissions with longer sentences, keeping the overall percentage of the female DOC incarcerated population relatively stable with respect to the total population. However, as the total population has increased, the demands associated with housing female inmates and detainees have outpaced the capacity of MCI Framingham. As previously mentioned, the majority of women housed within the DOC are awaiting trial or serving county sentences of 30 months or less, amounting to 53% of the women held at MCI Framingham. Although eight of the 13 counties incarcerate female offenders, many counties (even with capability to hold women) transfer pretrial and sentenced women to MCI Framingham.

Table 5.1-1 presents the assignment of women to MCI Framingham on an average day in 2009 and Table 5.1-2 illustrates the women held in Sheriff facilities. As these tables illustrate, MCI Framingham is housing 61.4% of all women in the Massachusetts Correctional System. Further, 156 of the 430 Sheriff inmates/detainees or 19.2% of the MCI Framingham population were awaiting trial, removed from their committing / origin communities.

Table 5.1-1 ADP of Women in the MCI Framingham/ South Middlesex Correctional Facilities

Facility	2009 ADP	% by Jurisdiction	% Women in System
Women at MCI Framingham/ South Middlesex Correctional Center (SMCC)			
DOC Sentenced	354	43.6%	26.8%
Civil Commitments	10	1.2%	0.8%
Holds for Other States	8	1.0%	0.6%
Federal Inmates	10	1.2%	0.8%
Subtotal DOC, Civil, Other, and Federal Inmates	382	47.0%	28.9%
County Awaiting Trial			
Bristol	1	0.4%	0.2%
Essex	48	5.9%	3.6%
Middlesex	37	4.6%	2.8%
Norfolk	13	1.6%	1.0%
Plymouth	24	3.0%	1.8%
Suffolk	1	0.1%	0.1%
Worcester	32	3.9%	2.4%
Subtotal Pretrial County Inmates	156	19.2%	11.9%
County Sentenced Women			
Barnstable	1	0.1%	0.1%
Bristol	-	0.0%	0.0%
Essex	77	9.5%	5.8%
Hampden	-	0.0%	0.0%
Hampshire	1	0.4%	0.2%
Middlesex	77	9.5%	5.8%
Nantucket	-	0.0%	0.0%
Norfolk	43	5.3%	3.3%
Plymouth	30	3.7%	2.3%
Suffolk	2	0.2%	0.2%
Worcester	43	5.3%	3.3%
Subtotal Sentenced County Inmates	274	33.7%	20.8%
Subtotal Women at MCI Framingham/SMCC	812	100.0%	61.4%

The use of the MCI Framingham/ SMCC as multi-jurisdictional facilities for county-sentenced and pretrial women has resulted in the current level of crowding. With pretrial and county- sentenced inmates removed, MCI Framingham could easily accommodate the current DOC female population.

Including federal inmates, civilly committed women, and women held for other states, DOC-sentenced inmates represent less than half of the women at MCI Framingham/SMCC. Of the Sheriffs transferring inmates to MCI Framingham/SMCC, five represent 52% of the 812 female ADP incarcerated at the DOC facilities in 2009. Based the data in Table 5.1-1 and presented in order of the bedspaces occupied and percentage of the total are as follows:



1. Essex	125 beds	15.4%
2. Middlesex	114 beds	14.0%
3. Worcester	75 beds	9.2%
4. Norfolk	56 beds	6.7%
5. Plymouth	54 beds	6.7%
Total	424 beds	52.0%

In addition to the DOC and county women incarcerated at MCI Framingham and South Middlesex Correctional Center, 8 of the 13 counties held an average of 510 women in 2009 as shown in Table 5.1-2.

Table 5.1-2 ADP of Women in Sheriff Facilities

Facility	2009 ADP	% by Jurisdiction	% Women in System
Women in Sheriff Facilities			
Barnstable County	32	6.3%	2.4%
Berkshire County	31	6.1%	2.3%
Bristol County	100	19.6%	7.6%
Dukes County	-	0.0%	0.0%
Essex County	41	8.0%	3.1%
Franklin County	5	1.0%	0.4%
Hampden County	159	31.2%	12.0%
Hampshire County	5	1.0%	0.4%
Middlesex County	-	0.0%	0.0%
Norfolk County	-	0.0%	0.0%
Plymouth County	-	0.0%	0.0%
Suffolk County	137	26.9%	10.4%
Worcester County	-	0.0%	0.0%
Subtotal Women in Sheriff Facilities	510	100.0%	38.6%

At this time, Suffolk, Hampden, and Bristol account for almost 78% of the women held in Sheriff-operated facilities. Four of the 8 counties had an ADP of 31 or less while two held less than 10 on an average day. Incarcerating women in small numbers at separate facilities frequently results in a poor use of space and minimal programming provided to the women. While women in detention facilities represent 4% of the incarcerated county population, they occupy more than 5% of the bedspaces in housing units due to the need for separation of men and women. One incarcerated woman in a housing unit, regardless of size, must be defined as a women's unit.

CMP Goals for Women

This Corrections Master Plan returns to the basic premise that women, particularly pretrial and county-sentenced, should be incarcerated as *close as feasible* to their communities and families. Further, the CMP seeks to improve conditions for women and *realize better outcomes by increasing access to specialized programs* and services.

Recognizing that critical mass is needed to cost effectively provide this programming, returning women in small numbers to multiple facilities would create many new challenges and likely limit the delivery of programs for women. *Therefore, the CMP recommends returning female pretrial detainees and county-sentenced inmates to facilities as close as possible to the community of origin while maintaining adequate numbers to provide necessary programs cost-effectively.*

Fundamental reasons supporting this plan are as follows:



- With an estimated 65% of women entering prison being the parents of minor children, proximity to their homes and access to parenting programs reduces the psychological stress associated with separation and encourages continued contact with their children, reducing recidivism and adding to family stability.
- Sheriff departments have more developed connections with their communities and are better equipped to transition women back into their communities with pre-release and reentry programs and services. The ultimate goal is to expand this expertise to include the “stepping down” of DOC sentenced women in their last 6-12 months into Sheriff pre-release and reentry programs and facilities in their counties of origin.
- Connections to community-based services made while incarcerated promote the likelihood that released inmates will obtain continued treatment in their communities upon release, therefore potentially reducing recidivism further.

Recognizing that the original issues that necessitated the location of these pretrial and county-sentenced inmates to MCI Framingham/SMCC still exist, developing a cost-effective strategy to now address those issues is important. A cost-effective strategy must address creating a critical mass of inmates in a facility in order to create a sense of community among the women conducive to rehabilitating women and making programs cost-effective. Renovating all Sheriff facilities to introduce small segregated populations could exhaust capital budgets without addressing other capital needs at individual facilities or within the system as a whole. And staffing each facility and/or retraining current staff to address the special needs of women at every Sheriff facility would not be cost-effective.

CMP Regional Strategy

In order to meet the CMP goals and address the potential obstacles described above, the CMP Strategy focuses on a regional approach that provides flexibility and cost-effectiveness while achieving the CMP goal to locate women closer to their families and communities. With recent changes in funding arrangements (Acts of 2009 -Chapter 61) and the need for a more cost-effective and sustainable system, this regional, multi-jurisdictional approach is recommended to be implemented in a more consistent and formal manner. The regional approach with respect to women offenders enables the consolidation of otherwise sparse populations of individual sheriff jurisdictions while maintaining reasonable proximity to the county of origin. This approach enables a more cost-effective delivery of services, maximizes bedspace utilization by minimizing segregation within multiple facilities, minimizes staffing and capital renovations that would otherwise be required at multiple locations and optimizes size of communities appropriate for housing female inmates.

Population Projections

Projections were developed for the anticipated number of women in the system by 2020. These projections were based on data that was supplied by the DOC and Sheriffs and assembled by DCAM. For county sentenced women housed in Sheriff facilities, weekly counts were used to develop ADP's (Average Daily Population) for the last 10 years (2000-2009). For women housed in DOC facilities which included county and DOC sentenced women as well as pretrial women, ADP's from Quarterly Reports were collated. To disaggregate county sentenced and pretrial women from DOC sentenced, snapshots from 2006 through 2009 were used. These snapshots also provided county of origin for county women. In the ADP's, county women housed in the DOC were then allocated to their county of origin. The DOC sentenced women were calculated by extracting county women from the DOC ADP. Utilizing this data, the projection of *bedspace* needs for women by 2020 was based upon the following steps:



1. Use historical ADP's prepared by the DOC and DCAM as a base for the number of women incarcerated by Sheriffs and the DOC.
2. Projections generated based on the methodology discussed in Chapter 1 to forecast the future number (ADP) of women.
3. Apply a 15% factor to the ADP (Step 2) to convert ADP to bedspaces required, taking into account peaking and classification factors. A 5% factor was applied to the projected DOC ADP since the peaking and classification issues should be less varied for facilities housing only DOC inmates due to longer sentences.
4. For county women, calculate the historic ratios of pretrial and sentenced women to the total women's ADP and apply that ratio to the results of Step 3. Based on past ratios, approximately 37% of the projected county population will be pretrial.

Table 5.1-3 illustrates the 2020 bedspace projections based on the methodology described above. As a starting point, the four region approach for Sheriffs as previously outlined in Chapter 1 was used in the analysis.

Table 5.1-3 Projection of Women Bedspaces in 2020 by Adjudication Status and Region

Facility	2009 ADP			2020 ADP			2020 Projected Beds		
	Pretrial	Sent.	Total	Pretrial	Sent.	Total	Pretrial	Sent.	Total
Essex County	57	109	166	79	149	228	91	172	263
Suffolk County	58	82	140	61	87	148	70	100	170
Northeast Region	115	191	306	140	236	376	161	272	432
Middlesex County	39	75	114	48	90	138	55	104	159
Norfolk County	13	43	56	17	53	70	19	61	80
Worcester County	36	39	75	57	62	119	65	71	136
Central Region	89	156	245	121	205	326	139	236	375
Barnstable County	13	20	33	20	32	52	23	37	60
Bristol County	43	58	101	50	69	119	58	79	137
Dukes County	-	-	-	-	-	-	-	-	0
Plymouth County	14	40	54	15	43	58	17	50	67
Southeast Region	69	119	188	85	144	229	98	165	263
Berkshire County	8	23	31	9	25	34	10	29	39
Franklin County	5	-	5	11	-	11	12	-	12
Hampden County	53	106	159	59	120	179	68	137	206
Hampshire County	3	3	6	3	4	7	4	5	9
West Region	68	133	201	82	149	231	94	171	265
Total Sheriff Women	341	599	940	428	734	1,162	492	844	1,336
DOC Sentenced	-	354	354	-	305	305	-	320	320
DOC Civil Commitments	10	-	10	16	-	16	16	-	16
DOC Holds for Other States	-	8	8	-	7	7	-	8	8
DOC Federal Inmates	10	-	10	-	18	18	-	18	18
Total DOC Women	20	362	382	16	330	345	16	346	363
Total Women	361	961	1,322	444	1,064	1,507	509	1,190	1,699

Source: DOC Annual Report, 2007; Projections and disaggregations by Carter Goble Lee; May 2009; excludes Nantucket; Split between pretrial and sentenced based on Snapshot in 2009

As Table 5.1-3 illustrates, the county-sentenced and pre-trial women will require 1,336 bedspaces by 2020. With the 2009 ADP for DOC women at 382, including civil commitments, holds for other states, and federal inmates, the DOC ADP is projected to decrease to 345 by 2020 with a bedspace requirement of 363. The total projected ADP for women by 2020 is 1,507 which translates to a need for 1,699 bedspaces.

The 2020 projected ADP is 320 for DOC sentenced women which reflects a decrease of 34 women from the 2009 ADP. The projected bedspace need of 363 includes 42 bedspaces for women from other states and federal inmates



from the US Marshal's Office and 16 Section 35 civil commitments (Alcohol and Substance Abuse). Mentally ill civil commitments are held by the Department of Mental Health and were not projected. Should Section 35 detainees be transferred out of the DOC's custody, the total bedspace needs for DOC women are estimated at 346. As noted in Chapter 1, these projections assume no legislative or sentencing changes in the current system.

Comparison of Facility Capacity to Overall Bedspace Projections

In order to determine bedspace shortfalls moving into the future, the bedspace capacity of existing facilities must be compared to the total projected bedspace need required to accommodate the projected incarcerated population in 2020. In Chapter 1, the need to redefine bedspace capacity of existing facilities based on more consistent, evidence-based criteria was discussed in detail. By applying this criteria (based on ACA recommendations and State plumbing code requirements), a *CMP Baseline Capacity* was generated for all facilities. This new criteria defines target conditions that address overcrowding and creates a baseline for planning future bedspaces. Additionally, specific improvements based on these criteria were identified at some facilities that could yield a higher *Potential Capacity*, if determined to be feasible. Bedspace needs and facility bedspace capacities of existing women units and facilities were incorporated in Table 5.1-4 and segregated by region as this approach best suits the goal of locating women close to "home" while balancing the logistics and cost-effective grouping of women in regional centers.

Table 5.1-4 Comparison of Women Beds to Population Projections by Region – excluding civil commitments

Facility	Current Female Beds	CMP Capacity Females	2009 ADP - Females only			2015 Female Beds Needed	2020 Female Beds Needed (excl. civil commits)	CMP Capacity to 2009 Female Beds Needed	CMP Capacity to 2015 Females	2020 Shortfall (CMP Capacity)	Potential Capacity	2020 Shortfall (Potential Capacity)
			Facility	MCI Framingham & SMCC	Total							
Essex	24	24	41	125	166	226	263	(167)	(202)	(239)	24	(239)
Suffolk	215	110	137	3	140	177	170	(51)	(67)	(60)	186	16
Northeast Region	239	134	178	128	306	402	432	(218)	(268)	(298)	210	(222)
Middlesex	0	0	0	114	114	145	159	(131)	(145)	(159)	0	(159)
Norfolk	0	0	0	56	56	73	80	(64)	(73)	(80)	0	(80)
Worcester	0	0	0	75	75	130	136	(86)	(130)	(136)	0	(136)
Central Region	0	0	0	245	245	349	375	(282)	(349)	(375)	0	(375)
Barnstable	72	48	32	1	33	52	60	10	(4)	(12)	64	4
Bristol	134	40	100	1	101	130	137	(76)	(90)	(97)	40	(97)
Dukes	0	0	0	0	0	0	0	0	0	0	0	0
Nantucket	0	0	0	0	0	0	0	0	0	0	0	0
Plymouth	0	0	0	54	54	65	67	(62)	(65)	(67)	0	(67)
Southeast Region	206	88	132	56	188	247	263	(128)	(159)	(175)	104	(159)
Berkshire	71	64	31	0	31	39	39	28	25	25	72	33
Franklin	6	6	5	0	5	10	12	0	(4)	(6)	6	(6)
Hampden	230	240	159	0	159	203	206	57	37	34	240	34
Hampshire	6	8	5	1	6	8	9	1	(0)	(1)	8	(1)
West Region	313	318	200	1	201	260	265	87	58	53	326	61
Subtotal Sheriffs	758	540	510	430	940	1,258	1,336	(541)	(718)	(796)	640	(696)
MCI Framingham	696	400	228	430	228	397	346	138	3	54	432	86
South Middlesex	186	155	154		154	0	0	(22)	155	155	187	187
Subtotal DOC	882	555	382		382	397	346	116	158	209	619	273
System Totals	1,640	1,095	892	430	1,322	1,656	1,682	(425)	(561)	(587)	1,259	(423)

Notes: 2009 ADP based on a 2009 Snapshot provided by DOC; 2009 ADP translated to bedspaces with multipliers - 15% for Sheriffs & 5% for DOC

Table 5.1-4 above illustrates, there are currently 1,640 female beds in the system. When the CMP Baseline Capacity standards are applied, the capacity reduces to 1,095 beds. As shown in Table 5.1-3, the system-wide female population is projected to increase by 185 women from the 2009 ADP of 1,322 to 1,507 by 2020. Total female bedspace needs are projected to grow to approximately 1,699 by 2020 (1,682 without civil commitments) from 1,656 bedspaces needs for 2015.



The 1,640 current female beds in the system accommodate the 2009 female ADP of approximately 1,322 (with a translated bedspace need of 1,520), with some unutilized capacity. However, when applying the CMP Baseline Capacity of 1,095 to the 2009 bedspace need, there is a shortfall of 425 bedspaces. In other words, if only bedspaces meeting these basic housing standards were used, there would be a shortfall of 425 bedspaces *now*.

By implementing capacity-driven improvements, the Potential Capacity for women bedspaces in the system as a whole can be increased to 1,259 (an addition of 164 beds). The CMP Baseline Capacity does not incorporate program and support space needs (kitchens, intake, library, program space, etc.) which must be examined on a facility-by-facility basis and may in fact further reduce capacity. CMP Baseline Capacity is intended to represent a baseline for planning future bedspace needs while improving conditions in existing facilities over time and is not necessarily prescribing that a particular facility house specifically that number of inmates today.

Based on the CMP Baseline Capacity, the bedspace shortfall is projected to increase to 561 by 2015. By 2020, the shortfall is expected to rise to 587 (604 with civil commitments). With potential capacity improvements outlined in Chapter 1, the shortfall can be reduced to 423 (Potential Capacity). However, not all facilities are utilized to the same degree. Some facilities have underutilized bedspaces while others are overcrowded. Additionally, existing bedspaces in the total count may no longer be appropriate to serve the needs of the system or be located where they are needed. An effective strategy will require alignment of bedspace needs with the current inventory and location of facilities to accomplish the CMP goals. As noted in Chapter 1, ADA compliance must be assessed on a facility-by-facility basis and brought into compliance as part of or before any increase in capacity.

When considering the Sheriffs on a regional basis, only the **West Region** currently has underutilized bedspace capacity and is projected to have some unused capacity even into 2020. This is in large part due to the Western MA Regional Women's Correctional Center in Hampden County. However, it should be noted that the projections in Table 5.1-4 for each Sheriff department do not include women stepping-down for pre-release from the DOC which will be addressed later in this Chapter.

The **Northeast Region** which includes Essex and Suffolk counties has the highest projected 2020 bedspace need of 432 bedspaces but the second highest bedspace shortfall of 298 beds by 2020. This shortfall can be reduced to 222 bedspaces with Potential Capacity improvements.

The **Central Region** which includes Middlesex, Norfolk and Worcester has the greatest 2020 bedspace shortfall of 375, not including the two DOC facilities. The DOC facilities, MCI Framingham and South Middlesex Correctional Center are the only facilities in the Central Region currently housing women.

The **Southeast Region** has two Sheriff departments that house women, Barnstable and Bristol. Plymouth women are currently housed at MCI Framingham while Dukes and Nantucket have very few women. The bedspace needs in this region are exasperated by the large decrease of bedspace capacity resulting from the application of the CMP Baseline Capacity standards, a decrease of 118 beds (from 206 Current Beds to 88 CMP Baseline Capacity beds). The 2020 bedspace shortfall of 175 based on CMP Capacity can be decreased to 159 with targeted improvements.

System-wide, the majority of women are housed at three Sheriff department facilities and two DOC facilities. The three Sheriff facilities, Suffolk, Bristol, and Hampden are located in three regions, Northeast, Southeast and West respectively while the DOC facilities are housed in the remaining Central Region. Based on 2009 ADP, four facilities have unused CMP Baseline Capacity when housing only women from their jurisdictions (excluding women from other jurisdictions that are currently housed there). These include Barnstable, Berkshire, Franklin, Hampden, and MCI Framingham. Of these facilities, three are Sheriff facilities located in the West Region. If county sentenced and



pretrial women were reassigned to Sheriff facilities, the largest surplus of women bedspaces would be at MCI Framingham, illustrating that there is more than adequate bedspace for the DOC women. Perhaps more importantly, this illustrates that the needs of particular counties alone do not support the existing bedspaces and suggests the need for a regional approach, especially for women.

Currently, the DOC has the only truly women's multi-jurisdictional facility, consistently housing county women. While Suffolk may house some women from Plymouth, they have not been reported in their Weekly Counts and may be 'swaps'. Although Hampden County's Western MA Regional Women's Center (WMRWC) was intended to house women from neighboring counties, this potential has not yet been realized except on sporadic occasions. Should the WMRWC house increasing numbers of women from other counties, the underutilization of beds shown in the table would be absorbed. The critical point is that the WMRWC was originally conceived as a regional center that houses women from other counties and has capacity beyond the needs of women originating from Hampden County only.

Of note, this analysis focuses on bedspace capacity, not considering operational and staffing issues which could explain unused bedspace capacity in some locations, particularly Hampden. However, the CMP focuses first on how to best utilize the bedspaces available and expand the system's capacity to meet the projected population growth. In order to realize better outcomes for women, operational funding, staffing issues, and adequacy of program and support spaces will also need to be addressed as new bedspaces are brought on-line.

Potential Impact of Pre-Release on Bedspace Needs

The impact of adding pre-release space to the system will be critical in addressing crowding, reducing the need for the construction of additional secure beds. The relocation of eligible inmates into pre-release bedspaces located outside the secure perimeter can provide a smoother transition back into their communities in less secure and less costly facilities. Although discussed more comprehensively later in this Chapter, this section will focus on the potential impact of pre-release and DOC step-down into Sheriff facilities on women bedspaces only. For purposes of the CMP, total secure beds include pre-trial beds and sentenced beds but exclude pre-release beds.

Based on data provided by Sheriffs, 22 % or 186 of the Sheriffs' female sentenced beds should be allocated for women eligible for pre-release in 2020. Based on DOC provided data for 2009, pre-release for women was at 4.8% and men were at 3.1% of the sentenced populations. Although the women pre-release percentage included county-sentenced women, this percentage was applied to DOC women in the Table 5.1-5 below by bedspace type.

Table 5.1-5 Summary of Projected Women Bedspaces by Type in 2020 – Current Classification System

	Pretrial Women Beds	Sentenced Women Beds			Total Secure Beds - Sentenced + Pretrial	Total Beds
		Total Sentenced Women Beds	Pre-Release + DOC Step-down Beds	Secure Sentenced Women Beds		
DOC		346	16	330	330	346
Sheriffs	492	844	186	658	1151	1336
Totals	492	1190	202	988	1480	1682

Sheriffs Pre-release estimated @ 22% of sentenced population: DOC women @ 4.8%

Table 5.1-5 illustrates that approximately 202 Sheriff Pre-Release / DOC step-down bedspaces will be needed for women in 2020, reducing the sentenced secure beds to approximately 988.



As will be discussed in more detail in the Pre-release section, the number of DOC inmates eligible for pre-release and/or step-down should be greater than the current classification system yields according to a DOC commissioned study. Consistent with the CMP goal to reduce recidivism, increasing the number of eligible inmates for pre-release can better prepare inmates for a productive and successful re-entry. Utilizing a proposed DOC classification system, pre-release beds for DOC women offenders eligible for step-down was calculated at 16.5% of the sentenced population. This calculation eliminates inmates that are within the release eligibility date but are such serious offenders that they do not qualify for a community-based assignment. Table 5.1-6 summarizes the projected female population in 2020 by type of bedspace required applying the proposed classification system.

Table 5.1-6
Summary of Projected Women Bedspaces by Type in 2020 – Proposed Classification System

	Pretrial Women Beds	Sentenced Women Beds			Total Secure Beds - Sentenced + Pretrial	Total Beds
		Total Sentenced Women Beds	Pre-Release + DOC Step-down Beds	Secure Sentenced Women Beds		
DOC		346	57	290	290	346
Sheriffs	492	844	186	658	1151	1336
Totals	492	1190	242	948	1440	1682

Sheriffs Pre-release estimated @ 22% of sentenced population; DOC @ 16.5%

This proposed classification system would result in 57 pre-release bedspaces for the DOC, an increase of 41 bedspaces from the current system, reducing the sentenced secure bedspace need to approximately 948.

Although initiatives are ongoing to implement a less risk-averse classification system, such initiatives take time to be fully realized. Utilizing these estimates for pre-release bedspaces, the need for secure beds can be reduced by 186 beds for Sheriff departments collectively and somewhere between 16 to 57 beds for the DOC, depending on the classification system implemented.

As the Sheriffs and DOC classify inmates differently, clear criteria are needed to implement step-down from the DOC to the Sheriff facilities. With clear criteria in place, DOC inmates stepping down into Sheriff facilities would presumably spend a period of time in minimum custody in DOC or Sheriff facilities prior to moving into pre-release beds. The CMP recommends that these criteria be developed by a committee that includes the Executive Office of Public Safety and Security (EOPSS), the DOC and Sheriff departments to ensure a smooth and efficient process.

As the pre-release bedspace calculations do not necessarily include minimum custody bedspaces, the peaking / classification multipliers applied to the ADP create bedspaces within the secure facilities that can accommodate temporary placement of DOC step-down inmates. Alternatively, individual pre-release facilities could also include minimum bedspaces as circumstances and practices require.

Because these pre-release beds could be located outside the secure perimeter in potentially leased facilities, building out these bedspaces is not the first priority in the CMP Capital Plan. Although the magnitude of any savings is not yet quantifiable, incorporating pre-release beds into the system is an opportunity to realize better outcomes for women and reduce the need for secure beds by 202 to 242 in 2020. Further discussions to implement this initiative are required moving forward and can be summarized as follows:

- System-wide criteria and process for step-down and pre-release eligibility must be determined in order to support the transfer of inmates effectively and the forecasting of actual pre-release and minimum security bedspace needs overtime. Efforts towards a standardized classification system should be made.



Chapter 5

- Operational costs associated with pre-release facilities should be considered and compared to costs of housing in secure facilities.
- Cost benefit analysis needs to be generated, comparing life-cycle costs for purpose-built versus leased facilities.

Tables 5.1-7 and 5.1-8 below illustrate county-sentenced pre-release populations combined with the potential distribution of DOC step-down inmates based on historic release patterns, utilizing the current and proposed classification systems respectively. Although both tables assume all eligible inmates will step-down into Sheriff facilities, some DOC pre-release beds may still be needed and will be determined based on system-wide discussions previously noted.

Table 5.1-7
Women Pre-Release and DOC Step-down Bedspace Needs
Current Classification

Sheriff	Pre-Release Beds 2020	DOC Step-down 2020	Total
Essex	38	2	40
Suffolk	22	2	24
Northeast Region	60	4	64
Middlesex	23	4	27
Norfolk	13	1	14
Worcester	16	4	20
Central Region	52	9	61
Barnstable	8	0	8
Bristol	17	1	18
Dukes	0	0	0
Nantucket	0	0	0
Plymouth	11	1	12
Southeast Region	36	2	39
Berkshire	6	0	6
Franklin	0	0	0
Hampden	30	0	31
Hampshire	1	0	1
West Region	38	0	38
DOC Pre-release		1	1
TOTALS	186	16	202

Sheriffs Pre-release estimated @ 22% of sentenced population; DOC @ 4.8%

Table 5.1-8
Women Pre-Release and DOC Step-down Bedspace Needs
Proposed Classification

Sheriff	Pre-Release Beds 2020	DOC Step-down 2020	Total
Essex	38	8	46
Suffolk	22	7	29
Northeast Region	60	15	74
Middlesex	23	13	36
Norfolk	13	4	17
Worcester	16	14	30
Central Region	52	30	82
Barnstable	8	1	9
Bristol	17	2	19
Dukes	0	0	0
Nantucket	0	0	0
Plymouth	11	5	16
Southeast Region	36	8	44
Berkshire	6	0	6
Franklin	0	0	0
Hampden	30	1	31
Hampshire	1	0	1
West Region	38	1	39
DOC Pre-release		3	3
TOTALS	186	57	242

Sheriffs Pre-release estimated @ 22% of population; DOC @ 16.5%

These pre-release and DOC step-down bedspaces are incorporated into Tables 5.1-9 and 5.1-10 to disaggregate pre-release and 'secure' bedspaces by region, utilizing both the current and proposed classification systems.

Table 5.1-9 Projection of Women Pre-Release Bedspaces in 2020 – Current Classification

Region	Total Projected Sheriff Female Sentenced Beds 2020	Projected Sheriff Female Pre-Release Beds	Projected Sheriff Female Sentenced Secure Beds	Total Projected DOC Female Sentenced Beds 2020	Projected DOC-Stepdown Pre-Release Beds	Projected DOC Female Sentenced Secure Beds	Total Pre-Release by Region
Northeast Region	272	60	212	0	4	0	64
Central Region	236	52	184	346	9	330	61
Southeast Region	165	36	129	0	2	0	39
West Region	171	38	133	0	0	0	38
DOC Out-of State Pre-release					1		1
Totals	844	186	658	346	16	330	202

Sheriffs Pre-release estimated @ 22% of sentenced population; DOC @ 4.8%



Chapter 5

Table 5.1-10 Projection of Women Pre-Release Bedspaces in 2020 – Proposed Classification

Region	Total Projected Sheriff Female Sentenced Beds 2020	Projected Sheriff Female Pre-Release Beds	Projected Sheriff Female Sentenced Secure Beds	Total Projected DOC Female Sentenced Beds 2020	Projected DOC-Stepdown Pre-Release Beds	Projected DOC Female Sentenced Secure Beds	Total Pre-Release by Region
Northeast Region	272	60	212	0	15	0	74
Central Region	236	52	184	346	30	290	82
Southeast Region	165	36	129	0	8	0	44
West Region	171	38	133	0	1	0	39
DOC Out-of State Pre-release					3		3
Totals	844	186	658	346	57	290	242

Sheriffs Pre-release estimated @ 22% of sentenced population; DOC @ 16.5%

With a need for women's pre-release beds in the range of 202 to 242, the anticipated need for women's sentenced secure beds (Sheriffs and DOC) by 2020 is between 948 and 988 (not including pretrial beds). The addition of pre-release beds will have the greatest impact on secure beds in Sheriff facilities.

In order to assess anticipated 2020 bedspace shortfalls by type of bedspace, a comparison of existing bedspace capacities with the projected need is necessary. Combining the data from the previous tables, Table 5.1-11 illustrates the breakdown of women's bedspace needs and shortfalls for pre-release and total 'secure' beds (including pretrial beds), applying CMP Baseline Capacity and Potential Capacity to bedspaces as currently classified and utilizing DOC's current classification system for DOC step-down.

Table 5.1-11 Projected Women Bedspaces Needs and Shortfalls by Region in 2020 – Current Classification

Facility	Current Female Beds	CMP Capacity Females	2015 Projected Female Beds Needed	CMP Female Capacity to 2015 Females	2020 Projected Female Beds Needed				2020 Female Bedspace Shortfall based on CMP Capacity			2020 Female Bedspace Shortfall based on Potential Capacity		
					Secure Beds	Pre-release beds	DOC Step-down / Pre-release	Total Beds	Secure Beds	Pre-release + Step-down	Total Beds	Secure Beds	Pre-release + Step-down	Total Beds
Essex	24	24	226	(202)	225	38	2	265	(225)	(16)	(241)	(225)	(16)	(241)
Suffolk	215	110	177	(67)	148	22	2	172	(38)	(24)	(62)	38	(24)	14
Northeast Region	239	134	402	(268)	373	60	4	437	(263)	(40)	(303)	(187)	(40)	(227)
Middlesex	0	0	145	(145)	136	23	4	162	(136)	(27)	(162)	(136)	(27)	(162)
Norfolk	0	0	73	(73)	67	13	1	81	(67)	(14)	(81)	(67)	(14)	(81)
Worcester	0	0	130	(130)	121	16	4	141	(121)	(20)	(141)	(121)	(20)	(141)
Central Region	0	0	349	(349)	323	52	9	384	(323)	(61)	(384)	(323)	(61)	(384)
Barnstable	72	48	52	(4)	52	8	0	61	(4)	(8)	(13)	12	(8)	3
Bristol	134	40	130	(90)	119	17	1	137	(79)	(18)	(97)	(79)	(18)	(97)
Dukes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nantucket	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Plymouth	0	0	65	(65)	56	11	1	68	(56)	(12)	(68)	(56)	(12)	(68)
Southeast Region	206	88	247	(159)	227	36	2	266	(139)	(39)	(178)	(123)	(39)	(162)
Berkshire	71	64	39	25	32	6	0	39	32	(6)	25	40	(6)	33
Franklin	6	6	10	(4)	12	0	0	12	(6)	0	(6)	(6)	0	(6)
Hampden	230	240	203	37	175	30	0	206	17	17	34	17	17	34
Hampshire	6	8	8	(0)	8	1	0	9	0	(1)	(1)	0	(1)	(1)
West Region	313	318	260	58	228	38	0	266	42	10	52	50	10	60
Subtotal Sheriffs	758	540	1,258	(718)	1,151	186	16	1,352	(683)	(129)	(812)	(583)	(129)	(712)
MCI Framingham	696	400	397	3	330		1	331	69	0	69	101	0	101
South Middlesex	186	155	0	155	0		0	0	1	154	155	1	186	187
DOC	882	555	397	158	330	0	1	331	70	154	224	102	186	288
TOTAL System	1,640	1,095	1,656	(561)	1,480	186	16	1,682	(612)	25	(587)	(480)	57	(423)

Notes: DOC Step-down not included in 2015 bedspace needs; 2020 bedspace needs include DOC step-down @ 4.8% of sentenced population

The CMP Baseline Capacity and Potential Capacity were considered to assess the baseline and the maximum capacity that could be achieved in existing facilities with targeted investment for minor improvements. Shortfalls have been further broken down into secure beds and pre-release beds. As previously noted, these capacities are used for high level planning purposes and will require more detailed assessment on a facility basis to determine feasibility. In many cases, adding bedspaces to a facility will likely require additional program and support spaces as well.



Chapter 5

Although not dramatically different in total bedspace breakdown, Table 5.1-12 illustrates the projected bedspace shortfalls by Sheriff department and region and includes DOC step-down based on the proposed DOC classification system. Because classification impacts pre-release eligibility of DOC step-down inmates only, the pre-release shortfalls increase while the secure bed shortfalls remain the same in Sheriff facilities. The region experiencing the greatest impact as a result of classification would be the Central Region with pre-release bedspace shortfalls increasing from 61 to 82 beds.

Table 5.1-12 Projected Women Bedspaces by Region in 2020 – Proposed Classification

Facility	Current Female Beds	CMP Capacity Females	2015 Projected Female Beds Needed	CMP Female Capacity to 2015 Females	2020 Projected Female Beds Needed				2020 Female Bedspace Shortfall based on CMP Capacity			2020 Female Bedspace Shortfall based on Potential Capacity		
					Secure Beds	Pre-release beds	DOC Step-down / Pre-release	Total Beds	Secure Beds	Pre-release + Step-down	Total Beds	Secure Beds	Pre-release + Step-down	Total Beds
Essex	24	24	226	(202)	225	38	8	271	(225)	(22)	(247)	(225)	(22)	(247)
Suffolk	215	110	177	(67)	148	22	7	177	(38)	(29)	(67)	38	(29)	9
Northeast Region	239	134	402	(268)	373	60	15	447	(263)	(50)	(313)	(187)	(50)	(237)
Middlesex	0	0	145	(145)	136	23	13	171	(136)	(36)	(171)	(136)	(36)	(171)
Norfolk	0	0	73	(73)	67	13	4	84	(67)	(17)	(84)	(67)	(17)	(84)
Worcester	0	0	130	(130)	121	16	14	150	(121)	(30)	(150)	(121)	(30)	(150)
Central Region	0	0	349	(349)	323	52	30	406	(323)	(82)	(406)	(323)	(82)	(406)
Barnstable	72	48	52	(4)	52	8	1	61	(4)	(9)	(13)	12	(9)	3
Bristol	134	40	130	(90)	119	17	2	139	(79)	(19)	(99)	(79)	(19)	(99)
Dukes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nantucket	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Plymouth	0	0	65	(65)	56	11	5	71	(56)	(16)	(71)	(56)	(16)	(71)
Southeast Region	206	88	247	(159)	227	36	8	271	(139)	(44)	(183)	(123)	(44)	(167)
Berkshire	71	64	39	25	32	6	0	39	32	(6)	25	40	(6)	33
Franklin	6	6	10	(4)	12	0	0	12	(6)	0	(6)	(6)	0	(6)
Hampden	230	240	203	37	175	30	1	207	17	17	33	17	17	33
Hampshire	6	8	8	(0)	8	1	0	9	0	(1)	(1)	0	(1)	(1)
West Region	313	318	260	58	228	38	1	266	42	9	52	50	9	60
Subtotal Sheriffs	758	540	1,258	(718)	1,151	186	54	1,390	(683)	(167)	(850)	(583)	(167)	(750)
MCI Framingham	696	400	397	3	290		3	292	108	0	108	140	0	140
South Middlesex	186	155	0	155	0			0	3	152	155	3	184	187
DOC	882	555	397	158	290	0	3	292	110	152	263	142	184	327
TOTAL System	1,640	1,095	1,656	(561)	1,440	186	57	1,682	(572)	(15)	(587)	(440)	17	(423)

Several key observations can be made based on Tables 5.1-11 and 5.1-12:

- Based on the CMP Baseline Capacity, a 561 female bedspace shortfall is anticipated by 2015. If no legislative or policy changes are implemented by 2020, the shortfall is expected to grow to approximately 587 (604 if civil commits remain), an additional 43 bedspaces. With targeted Potential Capacity improvements, this need can potentially be reduced by approximately 164 beds as follows:
 - Northeast Region: 76 beds (Suffolk)
 - West Region: 8 beds (Berkshire)
 - Central Region: 16 beds (Barnstable)
 - DOC: 64 beds (MCI Framingham/ SMCC)
- The Northeast Region has the largest need for female bedspaces, followed by the Central Region, Southeast Region, and West Region. However, the range in need is fairly evenly spread among the 4 regions, with the greatest difference between the Northeast and West Regions with bedspace needs ranging from 437 / 447 beds to 266 beds.
- Although the bedspace need is fairly evenly distributed, the 'four region approach plus DOC' results in unutilized women bedspace capacity at two of the most developed existing women programs in the Corrections System, notably MCI Framingham/SMCC and the WMRWC in Hampden County.



- Pre-release combined with DOC step-down bedspaces, totaling 202-242 beds, can reduce the need for secure beds and can be provided outside the secure perimeter in less costly and potentially leased facilities. Of note, is the reduction of DOC secure bedspace need, increasing the surplus to 246 at MCI Framingham/SMCC (CMP Baseline Capacity) and to 310 with potential capacity improvements.
- The largest shortfalls for pre-release and secure beds occur in Sheriff departments in the Central Region where there are no existing Sheriff women facilities. The existing DOC women facilities at MCI Framingham/SMCC which are located in the Central Region would have unutilized capacity if most of the county women are relocated to their counties of origin. Given that these DOC facilities are located in the Central Region, it would be wise to use the unused capacity and existing programs to meet some of the women bedspaces needs of the adjacent Sheriff departments which have no existing facilities for women. However, the continued use of MCI Framingham as a regional center for women in the Central region would require addressing current operational issues, program spaces and support functions.
- The Western MA Regional Women's Correctional Center also has a strong existing women's program with unutilized capacity. Worcester Sheriff department has no women bedspace capacity, is adjacent to the West Region, and can benefit from the Hampden facility's existing program.
- Most of the existing CMP Baseline Capacity secure beds for women in the East are located in Suffolk County. Additionally, the Suffolk facility is centrally located with access from many locations, occasionally has held women from other counties, and has an existing women's program with commitment and expertise in addressing the needs of women. Adding new bedspaces could enable the relocation of other eastern women into a regional center.
- All regions lack pre-release bedspaces for women. The range of pre-release bedspace shortfalls as a result of current and proposed classification systems is as follows:
 - Northeast Region: 40 to 50 beds
 - Southeast Region: 39-44 beds
 - Central Region: 61 to 82 beds
 - West Region: 9-10 bed surplus
- There are few identified opportunities to increase capacity with targeted improvements in the existing women facilities, requiring the addition of new bedspaces, especially pre-release beds.

Components of the Recommended Plan

The recommended plan for women focuses on a strategy that identifies the first steps / projects and outlines longer range initiatives. The Master Plan is intended to serve as a guide that is revisited and updated at intervals as sentencing reforms are implemented, policies are updated to reflect the most current practices in corrections and as the integration of the Corrections System advances over time. The recommended plan for women is based upon the following critical assumptions:

1. The historical rate of incarceration for women reflected in the projections above will continue without significant policy intervention. This presents a "worst-case" scenario that can be improved with recommended legislative changes that could reduce the rate and number of incarcerated women (and men).
2. The CMP recommends and assumes that federal inmates will be removed from Sheriff facilities over time. As several new federal facilities have recently been built in the New England region and the federal



government is undergoing policy changes that could also reduce the need, beginning to reduce the system's dependence on this revenue and to focus on current overcrowding across the system is advisable.

3. Civil commitments (Section 35 Alcohol & Substance Abuse) will be relocated to a more appropriate agency.

Based on the CMP Goals, Population Projections, and the CMP Baseline Capacities of existing facilities, the CMP takes a regional approach for Women Offenders. With the *female incarcerated population is expected to decline* in many counties and the DOC as is evidenced in the small increase in bedspace need of 26 (43 including civil commitments) from 2015 to 2020, building in flexibility to meet the changing demands will be critical. As previously discussed, this approach allows the achievement of the CMP Goals in the most cost-effective manner; building on the current system's existing multi-jurisdictional facilities and expanding on the current expertise in the system.

This approach can be summarized as follows:

1. First priority is the relocation of pretrial and county-sentenced female offenders from MCI Framingham / SMCC to facilities as close as possible to their county of origin into regional facilities to mitigate overcrowding while facilitating the reintegration of women offenders into their communities.
2. Although the goal to relocate the pretrial and county-sentenced women from MCI Framingham, the development of women regional facilities elsewhere must occur first.
3. Additional capacity beyond the first phase of projects will be required and should be provided in regional facilities either located on new sites or as expansions on existing sites.
4. With fewer women incarcerated and more aggressive pre-release programs, women secure bedspace needs are expected to decrease gradually between now and 2020. The development or leasing of pre-release facilities should be considered to support the step-down process further and make additional secure bedspaces available to avoid overbuilding secure bedspaces as the bedspace needs shift. Critical discussions between the Sheriffs and DOC are required to determine criteria for step-down eligibility. The more extensive use of electronic bracelets and other incarceration alternatives should also be explored to reduce the number of pre-release beds needed.
5. Female inmates in Sheriff department facilities with small female populations should be considered for consolidation into larger correctional units in neighboring communities, sized to support rehabilitation and provide more services in a more cost-effective manner. Resulting vacancies at individual sheriff facilities should be made available to address male overcrowding on a regional basis.
6. Routine and acute care medical and mental health care bedspaces at each women's facility should be assessed and expanded if required to accommodate projected populations. As women must be segregated from men even in specialized facilities, the expansion of specialized sub-acute medical and mental health care bedspaces could be addressed at women's regional facilities and/or provided at DOC centralized facilities discussed later. These bedspaces have not been extracted from the bedspace needs in each region in the tables. Should these bedspaces be located in specialized regional facilities, the bedspace needs at regional women's centers will decrease. A more detailed, clinically based needs assessment is required to determine the actual sub-acute medical and mental health bedspace needs before a determination can be made regarding the best location for these bedspaces.



Chapter 5

Based on the four region analysis previously presented, the regions have been redrawn for women's facilities in order to create a critical mass and efficiency that can better utilize existing programs and support services while keeping women as close to their communities as possible. Each of these women's regions, East Region, West Region and Central Region, are centered on existing women's programs. The focus of the women's plan will be to expand these facilities into regional centers that can serve as a base for women's programs in each region. Table 5.1-13 summarizes the Women's Plan based on the current DOC classification system and illustrating the redrawn regions.

Table 5.1-13 Women's Plan for 2020 – Current Classification

Women Facilities	CMP Capacity Females	2015 Projected Female Beds Needed			CMP Female Capacity to 2015 Females	Female Potential Capacity			2020 Projected Female Beds Needed				Female Bedspace Plan 2020						Notes
		Secure Beds	Pre-release + Step-down	Total Beds		Secure Beds	Pre-release + Step-down	Total Beds	Secure Beds	Pre-release + Step-down	Med & MH Beds	Total Beds	Female Existing Bedspace			Female New Bedspaces		Total Beds	
													Secure Beds	Pre-release + Step-down	Total Beds	Secure Beds	Pre-release + Step-down		
EAST REGION																			
Essex	24	195	32	227	(203)	0	24	24	217	40	8	265							
Suffolk	110	157	21	178	(68)	186	0	186	143	24	5	172							
Plymouth	0	55	11	66	(66)	0	0	0	54	12	2	68							
Barnstable	48	46	6	52	(4)	64	0	64	50	8	2	61							
Dukes																			
Nantucket																			
Subtotals	182	453	70	523	(341)	250	24	274	463	85	17	565							
Eastern MA Regional Women's Correctional Center (EMRWCC)	110	407		407	(297)	186		186	413		(15)	413	186		186	227		413	Houses Essex, Suffolk, and Plymouth pretrial & sentenced women except pre-release; Potential Capacity improvements also required
Essex Pre-release	24		32	32	(8)		24	24		40		40		24	24		16	40	Expand Essex Pre-release Program
Suffolk Pre-release			21	21	(21)					24		24					24	24	New or leased pre-release facility
Plymouth Pre-release			11	11	(11)					12		12					12	12	New or leased pre-release facility
Barnstable County Correctional Facility	48	46	6	52	(4)		64	64	50	8	(2)	59	54	10	64			64	Potential Capacity improvements required; possibly accommodate women from Dukes & Nantucket
Dukes Co.	0	0	0	0	0				0	0	0	0							Existing facilities to remain as is
Nantucket Co.	0	0	0	0	0				0	0	0	0							Existing facilities to remain as is
East Region Subtotal	182	453	70	523	(341)	186	88	274	463	85	(17)	548	240	34	274	227	52	553	Does not include Dukes & Nantucket
WEST REGION																			
Berkshire	64	33	6	39	25	72		72	31	6	1	39							
Franklin	6	10	0	10	(4)	6		6	12	0	0	12							
Hampden	240	176	27	203	37	192	48	240	169	31	6	206							
Hampshire	8	7	1	8	(0)	8		8	7	1	0	9							
Worcester	0	118	14	132	(132)	0		0	116	20	4	141							
Subtotals	318	344	48	392	(74)	278	48	326	336	58	12	406							
Western MA Regional Women's Correctional Center (WMRWCC)	240	294	27	322	(82)	192	48	240	286	31	(11)	316	192	48	240	94		334	Houses Hampden and Worcester pretrial and sentenced women except for Worcester pre-release. New pre-release facility in Worcester.
Worcester Pre-release			14	14	(14)					20		20					20	20	New or leased pre-release facility
Berkshire Co. Jail / HOC	64	50	7	57	7	72		72	50	7	(2)	58	60	12	72			72	Houses women Berkshire, Franklin, and Hampshire women; potential capacity improvements req'd
Hampshire & Franklin County Jail & HOC	14				14														Hampshire & Franklin women to Berkshire; exist. women beds to be reassigned to men.
West Region Subtotal	318	344	48	393	(75)	264	48	312	336	58	(12)	394	252	60	312	94	20	425	
CENTRAL REGION																			
MCI Framingham	400	389	1	390	10	432		432	305	1	24	331							
South Middlesex CC	155	0	0	0	155		187	187	0			0							
Middlesex	0	126	21	147	(147)				131	27	5	162							
Bristol	40	115	15	130	(90)	40		40	115	18	4	137							
Norfolk	0	62	12	74	(74)				64	14	2	81							
Subtotals	595	691	49	741	(146)	472	187	659	616	60	36	711							
MCI Framingham /SMCC	555	691		691	(136)	432	187	619	616		(36)	616	619		619			619	House DOC, Middlesex, Bristol and Norfolk pretrial and sentenced women; no pre-release
Central MA Women's Pre-release			34	34	(34)					42		42					42	42	New or leased pre-release facility for DOC, Middlesex and Norfolk
Bristol County Jail / HOC*	40		15	15	25		40	40		18		18		40	40			40	Existing beds converted for pre-release; Pre-trial and sentenced housed at SMCC
Central Region	595	691	49	741	(146)	432	227	659	616	60	(36)	675	619	40	659	0	42	701	
System Totals	1095	1488	167	1656	(561)	1000	259	1259	1415	202	66	1682	1111	134	1245	321	114	1679	

Notes: SMCC ADP is included in MCI Framingham ADP; Med & MH beds are deducted from secure beds only



Chapter 5

Table 5.1-14 summarizes the Women's Plan, based on the proposed DOC step-down classification.

Table 5.1-14 Women's Plan for 2020 – Proposed Classification

Women Facilities	CMP Capacity Females	2015 Projected Female Beds Needed			CMP Female Capacity to 2015 Females	Female Potential Capacity			2020 Projected Female Beds Needed				Female Bedspace Plan 2020						Notes
		Secure Beds	Pre- release + Step- down	Total Beds		Secure Beds	Pre- release + Step- down	Total Beds	Secure Beds	Pre- release + Step- down	Med & MH Beds	Total Beds	Female Existing Bedspace			Female New Bedspace		Total Beds	
													Secure Beds	Pre- release + Step- down	Total Beds	Secure Beds	Pre- release + Step- down		
EAST REGION																			
Essex	24	195	35	230	(206)		24	24	216	46	8	271							
Suffolk	110	157	23	180	(70)	186		186	142	29	6	177							
Plymouth	0	55	12	68	(68)				53	16	2	71							
Barnstable	48	46	7	52	(4)	64		64	50	9	2	61							
Dukes																			
Nantucket																			
Subtotals	182	453	77	530	(348)	250	24	274	462	99	18	579							
Eastern MA Regional Women's Correctional Center (EMRWCC)	110	407		407	(297)	186		186	412		(16)	412	186		186	226		412	Houses Essex, Suffolk, and Plymouth pretrial & sentenced women except pre- release; Potential Capacity improvements also required
Essex Pre-release	24		35	35	(11)		24	24		46		46		24	24		22	46	Expand Essex Pre-release Program
Suffolk Pre-release			23	23	(23)					29		29					29	29	New or leased pre-release facility
Plymouth Pre-release			12	12	(12)					16		16					16	16	New or leased pre-release facility
Barnstable County Correctional Facility	48	46	7	52	(4)		64	64	50	9	(2)	59	54	10	64			64	Potential Capacity improvements required; possibly accommodate women from Dukes & Nantucket
Dukes Co.	0	0	0	0	0				0	0		0							Existing facilities to remain as is
Nantucket Co.	0	0	0	0	0				0	0		0							Existing facilities to remain as is
East Region Subtotal	182	453	77	530	(348)	186	88	274	462	99	(18)	561	240	34	274	226	66	566	Does not include Dukes & Nantucket #'s
WEST REGION																			
Berkshire	64	33	6	39	25	72		72	31	6	1	39							
Franklin	6	10	0	10	(4)	6		6	12	0	0	12							
Hampden	240	176	27	204	36	192	48	240	169	31	6	207							
Hampshire	8	7	1	8	(0)	8		8	7	1	0	9							
Worcester	0	118	19	137	(137)	0		0	116	30	5	150							
Subtotals	318	344	53	398	(80)	278	48	326	335	69	13	417							
Western MA Regional Women's Correctional Center (WMRWCC)	240	294	27	322	(82)	192	48	240	285	31	(11)	316	192	48	240	93		333	Houses Hampden and Worcester pretrial and sentenced women except for Worcester pre-release.
Worcester Pre-release			19	19	(19)					30		30					30	30	New or leased pre-release facility
Berkshire Co. Jail / HOC	64	50	7	57	7	72		72	50	8	(2)	58	60	12	72			72	Houses women Berkshire, Franklin, and Hampshire women; potential capacity improvements req'd
Hampshire & Franklin County Jail & HOC	14				14														Hampshire & Franklin women to Berkshire; exist. women beds to be reassigned to men.
West Region Subtotal	318	344	53	398	(80)	264	48	312	335	69	(13)	404	252	60	312	93	30	435	
CENTRAL REGION																			
MCI Framingham	400	367	3	371	29	432		432	268	3	22	292							
South Middlesex CC	155	0	0	0	155		187	187											
Middlesex	0	126	26	152	(152)				130	36	6	171							
Bristol	40	115	16	131	(91)	40		40	115	19	4	139							
Norfolk	0	62	13	75	(75)				64	17	3	84							
Subtotals	595	670	58	728	(133)	472	187	659	577	75	34	686							
MCI Framingham /SMCC	555	670		670	(115)	432	187	619	577		(34)	577	619		619			619	House DOC, Middlesex, Bristol and Norfolk pretrial and sentenced women; no pre-release
Central MA Women's Pre- release			42	42	(42)					55		55					55	55	New or leased pre-release facility for DOC, Middlesex and Norfolk
Bristol County Jail / HOC*	40		16	16	24		40	40		19		19		40	40			40	Existing beds converted for pre- release; Pre-trial and sentenced housed at SMCC
Central Region	595	670	58	728	(133)	432	227	659	577	75	(34)	652	619	40	659	0	55	714	
System Totals	1095	1467	189	1656	(561)	1000	259	1259	1374	242	66	1682	1111	134	1245	319	151	1715	

Notes: SMCC ADP is included in MCI Framingham ADP; Med & MH beds are deducted from secure beds only

Observations on each region as illustrated in Table 5.1-13 and 5.1-14 are as follows:

Women's East Region: (Essex, Suffolk, Plymouth, Barnstable, Dukes and Nantucket Sheriff departments)

The East Region's bedspace needs will total approx. 523-530 by 2015 and approx. 565-579 bedspaces by 2020, including DOC step-down and sub-acute medical and mental health bedspaces.



This translates to a shortfall of approx. 341-348 bedspaces by 2015. With potential capacity improvements, the 2015 shortfall can possibly be reduced by approx. 92 beds to 249-256. However, by 2020, the shortfall increases to approx. 291-305 beds even with potential capacity improvements.

With an established women's program, the Suffolk County HOC should be considered for expansion as a Eastern MA Regional Women's Correctional Center (EMRWCC) to house pretrial and sentenced women from the eastern portion of the State. Expansion of the 186 Potential Capacity women bedspaces to gain 300 additional bedspaces by eliminating I.C.E. (federal) detainees currently housed in the modular building #8 was initially considered but was proven to be unviable due its unsuitable configuration for housing women, limited ability to accommodate classification needs, lack of program spaces and inadequate support spaces (intake, kitchen, infirmary, etc.). In order to create the multi-jurisdictional EMRWCC to house 2020 projected county-sentenced and pretrial women from Essex, Suffolk, and Plymouth counties, a more sizable expansion would be required. Although creating the EMRWCC remains a goal in the CMP, additional studies to determine the site's capacity for expansion including a traffic and parking study are recommended, in addition to the consideration of other options to house women from the East Region including a reduced program.

The Barnstable County Correctional Facility should continue to house women from Barnstable as their potential capacity aligns with their projected population. In fact, the Barnstable County Correctional Facility could also house women from Nantucket and Dukes, becoming a 'Cape and the Islands' regional facility for women. As will be the case for all shared or multi-jurisdictional facilities, formalized agreements between Sheriff departments will be required.

Approximately 77-90 pre-release /step-down bedspaces for women from Essex, Suffolk, and Plymouth counties are projected for 2020. With 24 beds at Essex WIT, the shortfall for Essex will be approximately 16-22 beds. Expansion of the current program will require the addition of another leased facility or the relocation of the current program to a facility that can accommodate the total need. New women's pre-release facilities will be needed in Suffolk and Plymouth counties.

Based on early estimates, approximately 18 of these bedspaces should be sub-acute medical and mental health bedspaces. These long term care bedspaces have been disaggregated but have not been deducted from the bedspace calculations for the women's regional center. Should these sub-acute bedspaces be included in a specialized facility, the total bedspaces required at the women's regional center be reduced accordingly. Infirmary or acute care bedspaces, including detox beds, at the facility also need to be assessed.

Women's West Region: (Berkshire, Franklin, Hampden, Hampshire and Worcester)

The West Region will require approximately 392-398 total bedspaces by 2015 and approximately 406-417 bedspaces by 2020.

This translates to a shortfall of approximately 74-80 by 2015. With potential capacity improvements, the 2015 shortfall can be reduced by only 8 beds. By 2020, the shortfall increases to 80-91 even with targeted improvements.

In order to take advantage of the successful women's programming at the Western MA Regional Women's Center (WMRWCC) in Hampden County, this facility should be expanded to house women from Hampden and Worcester counties in addition to DOC women stepping-down to the West Region. Because program space for the future addition of women bedspaces was built into the original project, minimal additional programming space is anticipated to be needed. As will be the case for all shared or multi-jurisdictional facilities, formalized agreements between Sheriff departments will be required. Depending on specific expansion capabilities on the site, this regional center



could be expanded to include additional beds to further consolidate women from the western counties in order to provide more cost-effective programming. Existing bedspaces at other locations could be repurposed to house men.

Alternatively, the Berkshire County Jail and HOC could continue to house women from Berkshire County and could also house women from Franklin and Hampshire counties even without potential capacity improvements. Because of the small women populations in Franklin and Hampshire, combining them in either Berkshire or Hampden facilities can provide more cost-effective programming and result in better utilization of those facilities for male offenders.

Pre-release bedspaces at WMRWCC are adequate to house projected Hampden County women including DOC step-down. In fact, a surplus of 17 existing pre-release bedspaces is anticipated. Because this surplus is not adequate to house all Worcester pre-release and is too remotely located to provide reintegration into their community, a new pre-release facility will be needed in Worcester County. Utilization of these additional pre-release beds by other women from the West Region should be considered.

Based on early estimates, approximately 13 of these bedspaces should be sub-acute medical and mental health bedspaces. These long term care bedspaces have been disaggregated but have not been deducted from the bedspace calculations for the women's regional center. Should these sub-acute bedspaces be included in a specialized facility, the total bedspaces required at the women's regional center be reduced accordingly. Infirmary or acute care bedspaces, including detox beds, at the facility also need to be assessed.

Women's Central Region: (DOC, Middlesex, Bristol and Norfolk)

The Central Region will require approximately 728-741 total bedspaces by 2015 and 683-711 total bedspaces (excluding civil commitments) by 2020.

This translates to a shortfall of approximately 133-146 by 2015. With potential capacity improvements, the 2015 shortfall can be reduced by 74 beds to a shortfall of 59-72. However, by 2020 the shortfall is expected to decrease to 27- 52 with potential capacity improvements (43-69 if civil commitments remain).

The Central Region includes MCI Framingham / SMCC in order to utilize its current programs and otherwise surplus of bedspaces resulting from relocating most county women to Sheriff facilities. MCI Framingham/SMCC could be expanded into a Central MA Regional Women's Correctional Center and continue to function as a multi-jurisdictional facility with DOC women and women from Middlesex, Norfolk and Bristol counties, assuming the utilization of SMCC for sentenced women. In fact, the CMP recommends a small scale master plan study for MCI Framingham / SMCC in order to prioritize facility improvements and develop an appropriate programmatic plan to address the Central Region's female population's needs. Expansion capacity is to be evaluated and may result in the housing of some women from the East Region.

As previously mentioned, regions were redrawn for women's facilities in order to create a critical mass and efficiency that can better utilize existing programs and support services while keeping women as close to their communities as possible, assigning Bristol to the Central Region. The Bristol County Jail/HOC can house only pre-release or pretrial women with its reduced CMP Baseline Capacity due to lack of dayroom space, unencumbered sleeping space and plumbing fixture counts. A new Central MA Women's pre-release facility will be needed for Middlesex and Norfolk women to house approx. 41-53 women by 2020.

Based on early estimates, approximately 36 of these bedspaces should be sub-acute medical and mental health bedspaces. These long term care bedspaces have been disaggregated but have not been deducted from the bedspace calculations for the women's regional center. Should these sub-acute bedspaces be included in a specialized facility, the total bedspaces required at the women's regional center be reduced accordingly. Infirmary or acute care bedspaces, including detox beds, at the facility also need to be assessed.



Phasing of the Recommended Plan by Region

The consideration of potential capacity improvements and provision of pre-release beds on 2015 and 2020 bedspace shortfalls can inform the order and type of beds that should be added in a phased plan. Although existing pre-release beds inside the secure perimeter function well in most cases, providing new pre-release beds within the secure perimeter does not take advantage of the reduced security related construction costs and operating costs. Additionally, pre-release facilities outside of the secure perimeter offer a better transition into the community.

Long term, the CMP recommends that all new pre-release beds should be located outside of the secure perimeter and with the use of more electronic monitoring, pre-release bedspace needs can be decreased to some extent. However, the first phase build-out of secure beds could be designed to accommodate pre-release and secure bed needs in 2015, anticipating the use of these beds as secure beds in 2020 with the addition of pre-release beds outside the secure perimeter and the expanded use of electronic monitoring.

The first priority of the Women's Plan is to alleviate overcrowding at MCI Framingham and to more cost-effectively provide better access to effective programs for women to reduce recidivism. This section considers possible options for implementation. These options are presented to illustrate possible phasing. Final phasing will be determined as a result of site capacity at particular sites, optimal operational efficiencies and funding availability.

Creation of women regional centers in the East and West Regions to allow for the relocation of women from MCI Framingham /SMCC should be considered first. Expanding MCI Framingham while overcrowded will only exacerbate current difficulties. Since the expansion of the WMRWCC is relatively straightforward because of the available site and support spaces in place from an earlier phase to service an expansion, WMRWCC should be implemented first. Studies on the expansion capacity of MCI Framingham/SMCC and site capacity traffic and parking studies at Suffolk HOC must be initiated to determine the feasibility and cost for female bedspace expansions.

Although more cost-effective to build-out each of the Regional Women's Centers in full at each location, a phased strategy may need to be considered. As projected bedspace needs do not account for the possible implementation of sentencing law reforms and diversion programs, bedspace needs could be further reduced should these reforms eventually be implemented. Therefore, the new bedspaces in the potential phasing options outlined below are the 'projected worst case scenario' and may not necessarily be the final capacity goal at each facility.

East Region:

Eastern MA Regional Women's Correctional Center- Suffolk County: new bedspaces count varies

(Pretrial and sentenced women from Suffolk, Essex and Plymouth - excluding pre-release)

- 2015 total bedspace need = approximately 471-498 (407 secure and 64-70 pre-release beds)
- 2020 total bedspace need = approximately 518- 524 (413 secure; 77-90 pre-release; 16 sub-acute beds)

In order to accommodate 2020 *secure* bedspace needs (excluding pre-release) for women from Essex, Suffolk and Plymouth, an expansion of the EMRWCC should provide approximately 428 bedspaces total, or approximately 413 bedspaces if sub-acute medical and mental health bedspaces are provided in a separate specialized facility.

With potential capacity improvements yielding 186 existing bedspaces, secure bed shortfalls are anticipated to be approximately 221 by 2015, growing to 227 by 2020, *excluding women who could be assigned to a long-term sub-acute medical or mental health care facility.*



Pre-release Facilities in Suffolk, Essex, and Plymouth Counties: 40 - 66 new pre-release bedspaces

(Pre-release/ DOC step-down women from Suffolk, Essex and Plymouth women)

- 2015 total bedspace need = approximately 64-70 pre-release beds
- 2020 total bedspace need = approximately 77-90 pre-release beds

Essex County: The expansion of the Essex County pre-release facility or an additional facility to add 8-11 new bedspaces by 2015 or 16-22 new bedspaces by 2020.

Suffolk County: 21-23 new bedspaces by 2015; 24-29 new bedspaces by 2020

Plymouth County: 11-12 new bedspaces by 2015; 12-16 new bedspaces by 2020

Build-out Scenario 1: Full build-out of Women's Campus on the Suffolk HOC site - 425 total bedspaces (reallocating 186 existing bedspaces to men = net addition of 239 bedspaces on the site)

- Phase 1:
 - The creation of a women's campus on the existing Suffolk County HOC site utilizes the existing support spaces while also creating efficiencies by better segregating men and women. In order to accommodate all the pre-trial and sentenced women from Suffolk, Essex, and Plymouth counties in 2020, the demolition or dismantling of the existing modular facility would be required to make room for a new women's facility with approximately 425 bedspaces. These bedspaces could meet 2015's need of 386 secure beds as well pre-release beds for Suffolk and Plymouth.
 - *The 186 existing women's beds to be reallocated for men = net addition of 239 beds.*
 - *Modular beds now used for housing I.C.E inmates totaling a CMP Baseline Capacity of 188 would be lost. Reuse of the modular elements on another site may be possible.*
 - Essex County's pre-release program would be expanded to accommodate 8-11 additional women, including DOC step-down.
- Phase 2:
 - Pre-release facilities for Suffolk and Plymouth County women should be developed to accommodate 24-29 and 12-16 women respectively. Plymouth pre-release women could also be accommodated in the Bristol HOC outlined later in the section. The vacated bedspaces at EMRWCC would accommodate growth in pretrial and sentenced women populations from Essex, Suffolk, and Plymouth counties.

Build-out Scenario 2: Full build-out on a new site - 425 total bedspaces plus full support facilities

- Phase 1:
 - This option would resemble option 1, except on a new site. Duplication of support spaces would be required, expanding the program of spaces and increasing the cost.
 - Essex County's pre-release program would be expanded to accommodate 8-11 additional women, including DOC step-down.
- Phase 2:
 - Like Option 1, pre-release facilities for Suffolk and Plymouth County women should be developed to accommodate 24-29 and 12-16 women respectively. The vacated bedspaces at the new EMRWCC would accommodate growth in pretrial and sentenced women populations from Essex, Suffolk, and Plymouth counties.



Build-out Scenario 3: *Modified Women's program on current site*

- Phase 1:
 - This option would involve a reduced build-out on the Suffolk HOC site that would accommodate Suffolk and either Essex or Plymouth pretrial and sentenced women. Further study is required to determine how many additional bedspaces the site can accommodate, keeping the existing modular facility in place. Possible programs could be as follows:
 - To accommodate Suffolk and Essex sentenced and pretrial women (excluding pre-release) in 2015, 352 secure would be needed, increasing to approximately 360 secure and by 2020 excluding sub-acute beds. Pre-release bedspace needs are estimated at 53-58 by 2015, increasing to 64-75 by 2020.
 - Assuming that the current 186 bedspaces could continue to house women, this would require 166 new secure bedspaces in 2015 or 172 in 2020.
 - Pre-release facilities would be located in each county: Suffolk – 21-23 for 2015, 24-29 for 2020; Essex –expand existing 24 beds to 32-35 in 2015, 40-46 in 2020.
 - To accommodate Suffolk and Plymouth sentenced and pretrial women (excluding pre-release) in 2015, 212 secure and 32-35 pre-release bedspaces would be needed, decreasing to approximately 195 -198 secure and 36-45 pre-release bedspaces by 2020, excluding sub-acute beds.
 - Assuming that the current 186 bedspaces could continue to house women, this would require 61 new bedspaces (26 secure + 32-35 pre-release) for 2015, or 45-57 new bedspaces (9-12 secure + 36-45 pre-release) in 2020.
 - Depending on which option is feasible, either Essex or Plymouth pretrial and sentenced women would need to be accommodated in an expanded MCI Framingham /SMCC.
 - Alternatively, a pretrial unit could be added to Suffolk to handle pretrial women from all three counties, locating sentenced women from either Essex or Plymouth at MCI Framingham /SMCC. Detox and program and other support services would be expanded.
 - 2020 pretrial bedspace need for all 3 counties is estimated at 178. Suffolk's sentenced bedspace need in 2020 is estimated at 73. With 186 existing bedspaces possibly housing pretrial women, new sentenced beds could be added.
 - Pre-release facilities for each county (built or leased) would be provided outside the secure perimeter; Essex (40-46) less 24 existing bedspaces; Suffolk (24-29); Plymouth (12-16).
 - The sentenced beds for Essex (134) and Plymouth (39) would be provided at MCI Framingham/SMCC.

Barnstable County Correctional Facility: Potential Capacity Improvements

With potential capacity improvements increasing capacity to 64, the existing facility appears to have adequate capacity for the 2015 projected need of 52 bedspaces (46 secure and 8 pre-release) and anticipated 2020 need for 61 bedspaces. Housing women from Nantucket County and/or Dukes County is also possible.

- Phase 1: Potential Capacity improvements to be implemented.

West Region:

Western MA Regional Women's Correctional Center (WMRWCC): 93 - 106 new beds

(Pretrial and sentenced women from Hampden and Worcester only - excluding Worcester pre-release)

- 2015 total bedspace need = approximately 335-341 (294 secure and 41-46 pre-release beds)
- 2020 total bedspace need = approximately 347- 357 (285 secure; 51-61 pre-release;13 sub-acute beds)



In order to accommodate 2020 *secure* bedspace needs (excluding pre-release) for women from Hampden and Worcester, an expansion of the WMRWCC should provide approximately 298 secure bedspaces, or approximately 285 secure bedspaces if sub-acute medical and mental health bedspaces are provided in a separate specialized facility, in addition to 31 pre-release beds for Hampden women.

With a CMP Baseline capacity of 240 (192 secure and 48 pre-release), 102 new secure bedspaces for 2015 are needed to house Hampden and Worcester women. For 2020, 106 new secure bedspaces in 2020 if sub-acute bedspaces are not deducted. The existing pre-release beds are adequate for Hampden women including DOC step-down, with approximately 17 surplus bedspaces.

Alternatively, additional beds could be provided in the WMRWCC to house more women from other western counties, should there be adequate support services and operational efficiencies.

Worcester Pre-release: 22- 40 new beds

Pre-release bedspaces for Worcester women should be provided in Worcester County. By 2015 the need is expected to be between 14 -19, growing to 20-30 by 2020.

Full Build-out for Hampden and Worcester

- Phase 1:
 - By adding approximately 106 new secure bedspaces, the secure bedspace needs for Hampden and Worcester for 2015 and 2020 will be met. (Franklin and Hampshire women could also be housed here as one option.)
 - The existing 48 pre-release bedspaces can house Hampden (27) and Worcester (14-19) pre-release women for 2015.
- Phase 2:
 - A Worcester Pre-release facility would be developed for approximately 20-30 women.

Berkshire County Jail/HOC: Potential Capacity Improvements

The existing facility's 64 bedspaces is more than adequate for the 2015 and 2020 projected need of 39 bedspaces (33 secure and 6 pre-release). In fact, as one option, this facility appears to have adequate bedspaces for Hampshire (9) and Franklin (12) pretrial and sentenced women in 2020 even without potential capacity improvements. Alternatively, women could be housed in the WMRWCC and some or all of these beds could be repurposed for men.

Hampshire and Franklin County Jail & HOC: repurpose beds for general custody men

Central Region:

MCI Framingham /SMCC as Central MA. Regional Women's Correctional Center (CMRWCC): bedspace varies (Pretrial and sentenced women from the DOC, Middlesex, Bristol and Norfolk - excluding pre-release)

- 2015 total bedspace need = approximately 728 -741 (670- 691 secure and 49-58 pre-release beds)
- 2020 total bedspace need = approximately 686-711 (577- 616 secure; 60-75 pre-release; 34-36 sub-acute) 702- 728 (593- 632 secure) if civil commitments remain

In order to create a Central MA Regional Women's Correctional Center at MCI Framingham/SMCC to accommodate 2020 *secure* bedspace needs (excluding pre-release) for women from *the DOC, Middlesex, Bristol and Norfolk*, potential capacity improvements and improvements to allow use of SMCC as a secure facility will be required. The 555 CMP Baseline Capacity bedspaces can be increased to 619, resulting in a shortfall of 51-72 secure bedspaces by 2015. However, with populations expected to decline, there would be surplus secure bedspaces by 2020;



however, a shortfall is estimated at 27-52 if sub-acute medical and mental health bedspaces are included (increasing to 43-69 if civil commitments remain).

Central MA Women's Pre-release Facility: 42-55 new beds

A total of 34-42 pre-release bedspaces for women from Middlesex, Norfolk, and the DOC should be provided by 2015, increasing to 42-55 bedspaces by 2020.

Bristol Jail / HOC: Possible Potential Capacity improvements

(Bristol County Women Pre-release beds)

As the Bristol Jail/HOC 40 CMP Baseline Capacity women's bedspaces were reduced due to dayroom and plumbing fixture counts, the existing bedspaces can be utilized to meet the pre-release bedspace needs of Bristol totaling 16 in 2015 and 18-19 in 2020.

OPTION 1: MCI Framingham/SMCC as the Central MA Regional Women's Correctional Center

- Phase 1:
 - Implementation of potential capacity improvements at MCI Framingham / SMCC yielding 619 beds and the addition of 51-72 bedspaces (totaling 670-691) could house DOC women and pretrial and sentenced women from Middlesex, Norfolk and Bristol counties, excluding pre-release women for 2015.
 - The Bristol Jail/HOC 40 CMP Baseline Capacity women's bedspaces would house Bristol pre-release women and possibly Plymouth pre-release women.
 - A new Central MA Pre-release Facility should be brought online to house 34-42 pre-release women from DOC, Middlesex and Norfolk counties.
- Phase 2:
 - With a reduced need of 577- 616 secure bedspaces at MCI Framingham/SMCC (without civil commitments), a unit of approximately 76-93 bedspaces could be converted into sub-acute bedspaces to serve women from across the State. Alternatively the surplus bedspaces could accommodate women from Plymouth should the expansion of EMRWCC not be large enough.
 - The Central MA pre-release facility for Middlesex, Norfolk and DOC women could be expanded to house approx. 42-56 pre-release women for 2020.

Utilization of SMCC as a secure bed facility needs to be evaluated in order to determine the feasibility of the options for the Central Region. A comprehensive study for the MCI Framingham/SMCC campus is needed to determine how to best utilize existing structures to meet the needs of the women inmate population and to determine the feasibility of adding capacity to this site.

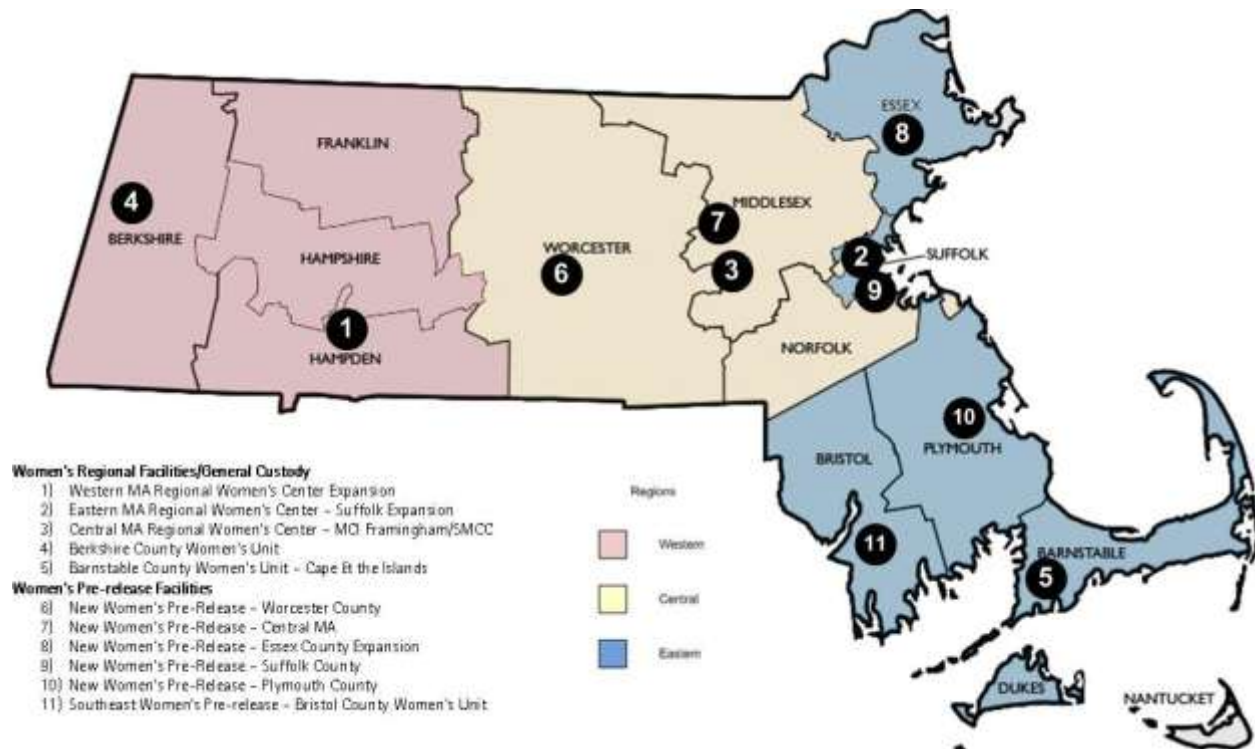
All options are starting points that must be evaluated for feasibility. As an option is evaluated for feasibility, bedspace count, support and program spaces must be examined. New bedspaces may require new sites/locations or may be expansions of existing facilities. Handicapped accessibility in bedspaces, plumbing fixtures and programs must be assessed at every facility. In considering options to implement for all regions, operational funding must be considered. The development of these regional facilities will require formal agreements between stakeholders and appropriate operating funding adjustments.

The goal for women is to provide facilities each serving an appropriate number of women to enable cost-effective programming while maintaining proximity to their homes and utilizing existing women facilities to the best potential. Factoring in the needs of the male population at sites housing both men and women must be considered and could result in the conversion of some beds for men as women are reassigned to other facilities.



Figure 5.1-1 demonstrates the potential location of women's bedspaces by 2020 as recommended above. New sites /locations for new facilities are to be determined, as required.

Figure 5.1-1 Proposed Location of Women's Bedspaces





MEDICAL POPULATION

In the context of the CMP Special Custody populations, the medical population refers to housing units required for sub-acute (long-term ambulatory care) in addition to acute beds (generally short-term crisis care). Clinics and ambulatory care services provided routinely to the general population require space but not necessarily bedspace and are not included in this discussion on bedspaces but will be evaluated in a separate Needs Assessment study.

For the purposes of this study, **acute care beds** are *short-term crisis care* that are managed as temporary bedspaces. An acute care setting is similar to a primary care community hospital with a range of surgical and post-operative services. Licensed physicians, nurses, and other medical staff should be present on a 24-hour basis in acute care facilities. Inmate patients are expected to return to the permanent housing upon recovery. Acute beds can include hospital beds as well as on-site infirmaries although they typically handle acute care needs of a lesser magnitude than in a hospital setting and are frequently not staffed with medical personnel on a 24-hour basis. Detoxification beds, on-site medical and mental health observation, and medical isolation associated with infirmaries are also considered acute care beds.

Typically, **sub-acute care** facilities are similar to assisted-living environments with limited availability of skilled nursing beds. These bedspaces are for *long term care* provided to chronically ill, disabled, or elderly inmates requiring ongoing assistance with activities of daily living (ADL's). These inmates classified as sub-acute or long-term patients are typically not suitable to be housed in the general population due to their vulnerability and the disproportionate consumption of staff resources they require. Without sub-acute beds in the system, these chronically ill inmates frequently occupy infirmery beds. This trend hampers the ability to provide appropriate acute care services in the infirmaries and results in a lack of transition bedspaces for inmates returning from acute care.

The calculation of the number of beds by acuity levels for long term care in correctional settings is a survey driven science typically accomplished with the aid of clinicians. This extensive undertaking was beyond the scope of the CMP. However, for preliminary planning purposes, an estimation of medical population bedspace needs for the DOC and Sheriffs' populations was generated utilizing benchmarks from other jurisdictions.

Prior to implementation of specific medical bedspace projects, a more in-depth needs assessment is required to determine a more precise bedspace need and scope for medical population projects. Additionally, there is a wide range of medical services provided on-site at the many Sheriff and DOC facilities. Consideration of the types of spaces lacking at particular facilities and how they are a part of a larger health care delivery model should be included in a Needs Assessment Study.

Planning Basis

Discussions were held with DOC medical staff to gain an understanding of the services currently offered and needed. Medical care is provided by vendor contracts, on-site staff and off-site staff / facilities at different correctional facilities.

Acute Care

A CMP survey completed by the Sheriffs indicated that 9 of 13 Sheriff Departments used Shattuck for inpatient services in varying degrees in 2007. Of the approximately 980 reported annual hospital stays of Sheriff inmates in 2007, approximately 65% (or 637) were reported to have been in Shattuck. Additionally, Sheriff Departments' use of local emergency rooms was estimated at approximately 1,260 trips in 2007. Transportation costs can become prohibitive for Sheriffs farther away and explains why some Sheriffs do not use Shattuck more frequently. As a separate analysis of Shattuck was underway within the context of a system-wide strategic master plan for the Health



and Human Services system in Massachusetts, a determination of *where* the acute care and outpatient services will be provided was not included in the scope of this project. However, in the short term the CMP assumes that these services will continue to be provided in a State-owned facility. A more focused Medical and Mental Health Needs Assessment will identify the projected needs and investigate health care delivery models.

In addition to the Shattuck's 28 acute beds, several of the existing Sheriff and DOC facilities have infirmaries that meet some of the less severe short-term acute care needs. Although the level of acute care in infirmaries, in most cases, is very limited and not staffed to the level typical of acute care provided in a hospital setting, approximately 121 beds (89 male and 32 female) exist in DOC's infirmaries. Five Sheriff Departments reported having infirmaries with bedspaces ranging from 3 to 45, collectively totaling 110. Although infirmary beds are used for multiple purposes, additional medical observation beds, isolation cells and detox beds were reported in DOC and Sheriff facilities and are summarized in Table 5.1-16. *For planning purposes, acute care bedspace need is estimated at 1% of the total population of the DOC and Sheriffs and include infirmaries, detoxification bedspaces, medical and mental health observation, and Emergency Stabilization Units (ESU) bedspaces.*

Sub-Acute Care

While determining how to best provide adequate acute care (on-site services and services in local hospitals) is a critical component of the health care delivery system, a more immediate need in the Massachusetts Correction System is the provision of sub-acute care beds for the medical populations. In the workshops held with stakeholders and during site visits to facilities, the lack of sub-acute medical and mental health beds was repeatedly reported. In fact, there were only 13 beds identified for long-term care (ADL's) in 2007 and plans for increasing these bedspaces were underway during the course of this study. *These are long-term bedspaces that in most cases serve as permanent housing and will require access to all programs typically provided to the general population.*

As noted, an accurate accounting of the acuity levels is best accomplished through a series of inmate and staff interviews. Lacking a scientific accounting of the DOC population, the results of a recent acuity level survey of the California Department of Correction and Rehabilitation (CDCR) was used to estimate the potential need in Massachusetts. The CDCR study verified that at any given time, approximately 3-4% of the sentenced prison population have a long-term medical condition requiring separation from the general population. *For the CMP, sub-acute medical bedspace need was estimated at 3.5% of the DOC's total population.*

While obtaining data is difficult at the DOC level, reliable acuity level analysis is non-existent at the county level. However, from conversations with Massachusetts Sheriff staff, public health and private correctional health care providers and observations in other counties, an estimate was developed of 1.0-2.0% of the county-sentenced population is typically ill or physically challenged to a level that would suggest separate living conditions. *For the CMP, sub-acute medical bedspace need was estimated at 1.5% of the Sheriff's total population.*

Based on these ranges, the number of acute and sub-acute bedspaces for 2020 with populations are assigned to their appropriate jurisdictions (not where they are currently housed) and are summarized in Table 5.1-15.

Table 5.1-15 Estimate of 2020 Acute and Long-Term Medical Beds by Current Jurisdictions

Medical excluding civil commitments	Acute Care Beds Needed	Sub-Acute Care Beds Needed	Total Medical Beds Needed
Sheriffs	155	232	387
DOC	115	404	519
Combined Total Medical Bedspaces	270	635	905

Source: National Benchmarks applied to DOC and County projections

Note: Acute care needs based on 1.0% of the projected DOC and Sheriff inmate population.

DOC sub-acute needs based on 3.5% of population; Sheriffs 1.5% of population.



Chapter 5

Table 5.1-16 illustrates existing (2007) medical bedspaces (as reported in surveys) and projected needs by region, considering current and proposed classification systems.

Table 5.1-16 Medical Bedspace by Region – Men and Women

CORRECTIONAL FACILITY	Existing Beds							2020 Projected			2020 Bedspace Shortfalls	
	Infirmiry Beds	Medical Observation Beds	Medical Isolation	Detox Beds	Acute Mental Health Beds	Total Acute Care Beds	ADL Beds	2020 Projected Total Bedspaces	2020 Projected Acute Beds Needs	2020 Projected Sub-Acute Beds Needs	2020 Projected Acute Bed Shortfall	2020 Projected Sub Acute Bed Shortfall
Essex County Correctional Alternative Center												
Essex County Correctional Facility	14	4										
Essex W.I.T												
Suffolk County HOC	45	4	1		4							
Suffolk County Jail												
Lemuel Shattuck Hospital	28											
Boston Pre-Release Center												
Northeast Region Existing Beds	87	8	1	0	4	100	0					
Northeast Region Bed Needs - Current Classification								5,408	54	91	46	(91)
Northeast Region Bed Needs - Proposed Classification								5,887	59	107	41	(107)
Middlesex County House of Correction	13	8			15							
Middlesex County Jail	3	3	6									
Norfolk County Correctional Center		22			22							
Worcester County Jail and HOC		24			3							
Bay State Correctional Center												
MCI-Cedar Junction		6			9							
Souza-Baranowski Correctional Center	28		4									
MCI-Concord				8	4							
MCI-Framingham	32		2		6							
MCI-Norfolk	16				4							
MCI-Shirley Medium	20		2		2		13					
MCI-Shirley Minimum												
North Central Correctional Institute- Medium		6			2							
North Central Correctional Institute- Minimum												
Northeastern Correctional Center												
Pondville Correctional Center												
South Middlesex Correctional Center												
Central Region	112	69	14	8	67	270	13					
Central Region Bed Needs - Current Classification								12,754	128	364	142	(351)
Central Region Bed Needs - Proposed Classification								12,089	121	340	149	(327)
Barnstable County Correctional Facility	0	0	2									
Bristol County Jail & HOC (Ash Street)				4								
Dukes County Jail and HOC												
Plymouth County Correctional Facility		5			5							
Bridgewater State Hospital	25		1		14							
Massachusetts Alcohol and Substance Abuse Center				8	4							
Massachusetts Treatment Center					2							
MCI-Plymouth												
Old Colony Correctional Center Medium		6			4							
Old Colony Correctional Center Minimum												
Southeast Region	25	11	3	12	29	80	0					
Southeast Region Bed Needs - Current Classification								5,371	54	128	26	(128)
Southeast Region Bed Needs - Proposed Classification								5,316	53	126	27	(126)
Berkshire County Jail and HOC	4	44	4									
Franklin County Jail and HOC												
Hampden Co. Correctional Alcohol Center (WMCAC)												
Hampden County Jail and HOC @ Stony Brook					22							
Hampden County Correctional Women Center					2							
Hampshire County Jail and HOC	3	8										
West Region	7	52	4	0	24	87	0					
West Region Bed Needs - Current Classification								3,459	35	53	52	(53)
West Region Bed Needs - Proposed Classification								3,699	37	61	50	(61)
GRAND TOTAL - SHERIFFS & DOC	231	140	22	20		537	13					
GRAND TOTAL - SHERIFFS & DOC- Current Classification								26,992	270	635	267	(622)
GRAND TOTAL - SHERIFFS & DOC - Proposed Classification								26,991	270	635	267	(622)

Note: Acute Beds @ 1% of population; Sub-acute beds @ 3.5% of DOC population; 1.5% of population; Existing bed counts based on surveys data received from facilities; DOC male population distributed regionally based on ratios of existing beds.

Considering medical space needs by region could be important in planning where new medical facilities may be located, particularly sub-acute bedspaces. Table 5.1-16 incorporates proposed women regional facilities and the shift



of DOC step-down inmates and 52A's into Sheriff facilities. The Central Region has the greatest need (estimated at 340-364) for sub-acute bedspaces in large part due to the numerous DOC facilities in that region. Although this is the only region that has any existing sub-acute bedspaces, the bedspace shortfall is still the largest at 327-351.

The Southeast Region has the next greatest need and shortfall for sub-acute bedspaces at approximately 126-128. The Northeast and West have anticipated sub-acute bedspace needs and shortfalls of 91-107 and 53-61 respectively.

This preliminary analysis suggests that with a projected inmate population of approximately 27,000 (excluding civil commitments) in 2020, on any given day, approximately 905 (635 sub-acute & 270 acute) DOC and Sheriff Department inmates would have long term medical needs serious enough to be segregated for some period of time from the general population.

An estimated one-third of the inmate population in need of medical services would be assigned to *short-term* acute care beds in an infirmary, community hospital, or purpose-built correctional medical facility. The total 270 acute bedspace need projected include approximately 155 beds for the Sheriffs collectively and 115 beds for the DOC. Currently, there are approximately 537 bedspaces in DOC and Sheriff Department infirmaries and Shattuck, including medical and mental health observation, medical isolation, ESU beds, and detox beds. Although it should be noted that some of the ESU facilities such as Hampden County's have been closed due to lack of funding. Further compounding this need is the huge influx of pretrial detainees who can be unstable, difficult to diagnose and frequently held for short periods of time. This increased flow or number of persons that have mental health issues adds another level of difficulty for all facilities housing pretrial inmates.

As previously stated these beds are not necessarily staffed to the same degree as hospitals and cannot provide the same level of care. Additionally, the infirmary bedspaces within the system may not be appropriately distributed to satisfy the particular needs of a facility or region. Optimizing efficiency by pooling resources on a regional basis to support necessary infrastructure should be considered. Although Table 5.1.16 suggests surpluses of infirmary beds in 3 regions, with the lack of sub-acute beds and the resulting utilization of infirmaries for inmates requiring sub-acute care, few facilities are likely to report a surplus.

Additionally, the utilization of local hospitals has allowed the system to accommodate fluctuating needs and the lack of medical beds at any given facility. The actual number of acute beds or additional infirmary beds that should be provided in the system is dependent on the extent local hospitals are utilized in the future and an assessment of the level of care that is provided in the existing infirmaries. As detox beds are limited in the system, a determination as to whether additional beds are needed in the system or if utilization of local hospitals and/or community facilities is more cost effective are necessary. Additional study is required to determine the most cost-effective approach to acute care beds that considers security, transportation, and staffing costs.

The most critical need is for sub-acute bedspaces. A decided trend in prisons has been an attempt to separate the long-term, chronically ill, or disabled inmates from the general population through separated housing, and if possible, separate, purpose-built facilities. While the Sheriffs appear to have a larger demand for acute beds due to early intervention, detox and stabilization required for pretrial detainees, the DOC has a greater need for sub-acute beds. With only 13 existing long term care beds identified, the DOC is expected to have a sub-acute bedspace need of approximately 404 by 2020. The collective need for Sheriff departments is estimated at 232 sub-acute bedspaces. Because existing general custody and infirmary bedspaces are currently being used for inmates requiring sub-acute care, the addition of purpose-built medical sub-acute bedspaces will provide better care and vacate general custody and infirmary bedspaces. This will alleviate some overcrowding and allow for a better utilization of infirmary bedspaces.



Components of the Recommended Plan

Prior to adding medical bedspaces, an in-depth Needs Assessment Study that focuses on Medical Service Delivery in the Corrections System should be implemented. This assessment should consider the capabilities of existing medical spaces at each facility, determine the appropriate expectations of the level of service to be provided on-site and make recommendations for upgrades. In the context of that study, recommendations for acute care, whether in Shattuck, in local hospitals, as part of a regional facility or some combination, should be made. Cost analysis should be done to consider the most prudent use of funds to provide the appropriate level of care.

The future of the Shattuck Hospital will be determined through a separate, ongoing Health and Human Services master plan. Although acute care beds are needed in the system, because the use of local hospitals can supplement acute care needs, acute bed capacity expansion is less critical than the provision of new sub-acute beds. Existing infirmaries are a critical acute care component because they provide transition care, reducing the length of stay required in medical-surgical beds, enabling the more efficient use of these higher cost beds. Creating new long-term sub-acute care units can ensure that infirmaries are not overburdened with long term care inmates.

As previously mentioned, the comparison of current acute and infirmary beds to the projected acute care beds need by region suggests that if all beds were equally staffed with comparable levels of care, the Northeast, Central and West Regions would have excess beds while the Southeast Region would experience a projected deficit. However, not all facilities appear to have sufficient operating budgets for medical staff on a 24 hour basis. With high operational costs, the provision of acute care must be studied to determine the most cost-effective delivery of services and a determination of the level of services to be provided on-site as opposed to through local hospitals or an in-system 'prison hospital'.

The most pressing medical need for the Corrections System and the focus of the CMP's recommendations for the medical population is the estimated 635 inmates suffering from long-term, chronic illness that require sub-acute care. These inmates are best treated and housed separately from general population. While the total estimate has been derived from the application of a percentage of sub-acute inmates in another state system, Massachusetts DOC representatives have indicated a general agreement with the estimate. By adding these types of beds to the system, infirmaries and Shattuck can be utilized more effectively for acute care related needs. Further, the addition of these beds reduces the need for expanding general population bedspaces.

As a preliminary placeholder, the recommended solution for meeting the long-term health care requirements takes a regional approach and includes the construction of 2-3 new regional purpose-built facilities of approx. 200 -300 beds each. However, in the development of regional medical facilities, consideration should be given to expanding existing facilities as well as constructing new regional facilities that possibly include acute care, detox facilities as well as long term care. The projected need for sub-acute bedspaces on a regional basis is as follows:

Northeast Region:	54-59	Southeast Region:	54-53
Central Region:	121-128	West Region:	35-37

Based on the regional projections and the ability to attract medical staff, this preliminary analysis would suggest that the first sub-acute care facilities should be located in the Central and Southeast Regions, close to existing DOC facilities if possible.

As many inmates have both health and mental health issues, the most cost effective solution may be one that co-locates sub-acute medical and mental health beds within the same complex. Although the total bedspace needs include men and women, the Needs Assessment Study will consider whether to co-locate men and women in the same complex or to locate medical facilities for women in or near the regional women facilities.



MENTAL HEALTH POPULATION

Due to the de-funding of community mental health agencies and the closure of many community-based residential mental health treatment centers, in most jurisdictions throughout the USA, correctional facilities have become the mental hospitals of the past. The Commonwealth is no exception to this phenomenon with the unfortunate result of jails and correctional institutions housing an increasingly high percentage of inmates with mild to severe mental disorders. In the majority of cases, inmates with severe enough mental health problems to require special treatment (more than a regime of psychotropic medicine) often also have a medical condition that requires constant observation and treatment. For this reason, the CMP has jointly addressed a solution to the medical and mental health needs of the incarcerated population.

For the purposes of this study, **acute care** or *short-term crisis care* includes stabilization units and mental health observation and are included in the medical acute bedspace need calculation covered in the previous section.

Sub-acute care includes *longer term treatment beds* for inmates requiring separate housing from the general population for special programming and/or treatment. Special programming and treatment in this section is focused on mental illness and does not include Alcohol /Substance Abuse Residential Treatment due to the relatively short period after which inmates can typically return to the general population.

Developing an analytical framework for the number of inmates with a severe enough mental illness to require a separate living and treatment environment was as elusive as defining the medical acuity levels within the population. A scientifically based approach to surveying the population with trained health professionals is recommended prior to final programming to address the needs of this segment of the inmate population. However, professional staff within the DOC and Sheriff Departments agreed that: 1) the number of persons displaying mental disorders to a degree that they disrupt the normal operations of a housing unit is increasing and 2) a need exists for separation of these individuals from the general population.

Planning Basis

Sub-Acute Care

Based on surveys, there are approximately 528 sub-acute mental health bedspaces within the DOC and Sheriff facilities. However, survey respondents do not usually categorize bedspaces the same way and that there is any consistent level of treatment associated with these bedspaces. Unlike medical care delivery, staffing and services seem to be in large part provided by vendor contracts.

From the DOC perspective, most of the 370 inmates assigned to Bridgewater State Hospital have a mental disorder severe enough to warrant their separation from the general population. (Approximately 50 inmates of the 370 are inmate workers that live at Bridgewater but are not participating in mental health programming.) According to anecdotal information provided by DOC staff, this by no means represents the universe of inmates that would benefit from a separate regime, including a separate living environment. Although the total number of inmates assigned to mental health programming is not known, there are approximately 437 DOC sub-acute mental health beds including 320 at Bridgewater and residential treatment units for the mentally ill at other facilities. The 437 beds represent approximately 1.3% of the combined DOC and Sheriff population.

In many ways, the problem is more severe in the Sheriff Department facilities since the separation of mentally ill offenders generally means assignment to the infirmary or accommodation within a designated housing unit with a closer level of observation, but very little specialized programming. Due to the limited bedspaces at Bridgewater, only



the most severe cases are housed there. Based on a survey completed by the Sheriffs for 2007, almost 25,000 inmates/detainees were diagnosed with a mental illness over the course of 2007. This figure, which is greater than the 2007 ADP since all pretrial detainees are included, indicates the extent of mental health issues facing Sheriff Departments. Of those reported, 176 were considered long term care and 740 were listed as Enhanced Outpatient. The Sheriffs collectively reported approximately 91 mental health beds and 65 mental health staff contracted out.

Recognizing the need to address the management of the mentally ill inmate population but without a more clinically based survey assessment, the CMP approach has been to benchmark the Commonwealth population against that of a state (California) that did complete a comprehensive assessment of mentally ill inmates in their prison population. A study completed by Navigant Consulting¹ in 2007 established the number of mentally ill inmates in the California Department of Correction and Rehabilitation by acuity levels using a survey technique. Broadly, the ratio was defined as 3.2-3.6% of the total number of inmates having a form of mental disorder that necessitated a separate living environment and specialized treatment (sub-acute care). *For the CMP, sub-acute mental health bedspace need was estimated at 3.5% of the DOC's total population.*

Estimating the need for separate housing units for Sheriff Department mentally disordered offenders is uncharted territory. Very few studies were found that could provide a definitive and defensible basis for estimating the need. However, through observations during the facility tours and conversations with the operations staff, a range of 1.0-2.0% of the average daily population was identified as being reasonable. Similar to the basis for estimating the DOC mental health population, this number could be extremely low. *For the CMP, sub-acute mental health bedspace need was estimated at 1.5% of the Sheriff's total population.*

Based on these ranges, estimates of the 2020 mental health bedspace needs with populations assigned to their appropriate jurisdictions (not where they are currently housed) are summarized in Table 5.1-17.

Table 5.1-17 Estimated Number of Mental Health Bedspaces in 2020

	Acute Care Beds (incl. in Medical Acute)	Sub-Acute Care Beds Needed
Sheriffs	-	232
DOC	-	404
Combined Total Mental Health Bedspaces	-	635

Source: National Benchmarks

Note: Sub-acute needs based on 3.5% of DOC population; 1.5% of Sheriffs population

In total, 635 bedspaces are proposed to better manage the chronic and long-term needs of the mentally ill population for both the DOC and Sheriff Departments. This number should be further disaggregated into acuity levels (Enhanced Outpatient (EOP), low, and high acuity). However, at this stage of planning a determination cannot be made of the percentage of mental health beds by acuity levels. In the development of an architectural program for any new or expanded facility to serve the mentally ill population, an acuity level study should be undertaken.

Table 5.1-18 illustrates the existing (2007) mental health beds in the system by region, considering current and proposed classification systems. Considering mental health bedspace needs by region could be important in determining the location of new mental health facilities. Table 5.1-18 incorporates proposed women regional facilities and the shift of DOC step-down inmates and 52A's into Sheriff facilities. Although all regions are predicted to have shortfalls, the largest concentration of population and therefore need is in the Central and Southeast Regions.

¹ Mental Health Bed Need Study-Annual Report; Navigant Consulting; July 2007. State of California



Chapter 5

Table 5.1-18 Mental Health Bedspace by Region – Men & Women

CORRECTIONAL FACILITY	ESU (Evaluation and Stabilization) Beds	Mental Health Observation Beds	Total Acute Mental Health Beds*	Alcohol/ Substance Abuse Residential Treatment Beds	Sub-Acute Mental Health Beds	Projected Total Bedspaces	Projected Sub-Acute MH Beds	2020 Sub- acute MH Bedspace Shortfalls
Essex County Correctional Alternative Center								
Essex County Correctional Facility					4			
Essex W.I.T								
Suffolk County HOC		4		316	8			
Suffolk County Jail								
Boston Pre-Release Center								
Northeast Region Existing Beds	0	4	4	316	12			
Northeast Region Bed Needs - Current Classification						5,408	91	(79)
Northeast Region Bed Needs - Proposed Classification						5,719	107	(95)
Middlesex County House of Correction		15			15			
Middlesex County Jail					12			
Norfolk County Correctional Center		22		96	1			
Worcester County Jail and HOC		3			16			
Bay State Correctional Center								
MCI-Cedar Junction		9						
Souza-Baranowski Correctional Center					8			
MCI-Concord		4						
MCI-Framingham		6		42	42			
MCI-Norfolk		4						
MCI-Shirley Medium		2						
MCI-Shirley Minimum								
North Central Correctional Institute- Medium		2			39			
North Central Correctional Institute- Minimum					28			
Northeastern Correctional Center								
Pondville Correctional Center								
South Middlesex Correctional Center								
Central Region Existing Beds	0	67	67	138	161			
Central Region Bed Needs - Current Classification						12,754	364	(203)
Central Region Bed Needs - Proposed Classification						12,263	340	(179)
Barnstable County Correctional Facility				12				
Bristol County Jail & HOC				110	4			
Bristol County Jail & HOC (Ash Street)								
Dukes County Jail and HOC								
Plymouth County Correctional Facility		5						
Bridgewater State Hospital		14			320			
Massachusetts Alcohol and Substance Abuse Center		4		236				
Massachusetts Treatment Center		2						
MCI-Plymouth								
Old Colony Correctional Center Medium		4		61				
Old Colony Correctional Center Minimum								
Southeast Region Existing Beds	0	29	29	419	324			
Southeast Region Bed Needs - Current Classification						5,371	128	196
Southeast Region Bed Needs - Proposed Classification						5,310	126	198
Berkshire County Jail and HOC				55	16			
Franklin County Jail and HOC								
Hampden County Correctional Alcohol Center (WMCAC)				182				
Hampden County Jail and HOC @ Stony Brook	20	2		136	13			
Hampden County Correctional Women Center (WMRWCC)	2			18	2			
Hampshire County Jail and HOC								
West Region Existing Beds	22	2	24	391	31			
WestRegion Bed Needs - Current Classification						3,459	53	(22)
West Region Bed Needs - Proposed Classification						3,699	61	(30)
GRAND TOTAL - SHERIFFS & DOC	22	102	124	1264	528			
GRAND TOTAL - SHERIFFS & DOC- Current Classification						26,992	635	(107)
GRAND TOTAL - SHERIFFS & DOC - Proposed Classification						26,991	635	(107)

Note: Sub-Acute Mental Health Beds @ @ 3.5% of DOC population; 1.5% of Sheriff population; Existing bed counts based on surveys received from facilities; DOC male population distributed regionally based on ratios of existing beds; * Acute Mental Health Bed Need included in Acute Medical Bed Need ; Only Residential Treatment Beds used for Mental Health are counted in Sub-acute Mental Health Beds -others incl. in General Custody Bed Counts



This analysis suggests that with a total projected incarcerated population of 27,000 (excluding civil commitments) in 2020, on any given day, approximately 635 DOC and Sheriff Department inmates would have long term mental health needs serious enough to be segregated for some period of time from the general population.

Existing long-term sub-acute care bedspaces reported total approximately 528. With a projected bedspace need of 635, there is an anticipated shortfall in the range of 107 bedspaces, assuming all the existing bedspaces remain. Of note is that the existing sub-acute care bedspaces in Table 5.1-18 are current bed counts that may be reduced when applying CMP Baseline Capacity standards. Actual capacity must be assessed on a facility basis as part of a more focused study. Although this analysis illustrates where existing bedspaces are located within the system, these existing beds are currently considered general custody beds and have been counted as such in the larger analysis of bedspaces. Long term, the CMP assumes that new bedspaces in regional facilities will be required to address this need effectively.

At the present time, the primary mental health facility in the Commonwealth's Corrections System is the Bridgewater State Hospital (BSH), located in the Southeast Region. This facility is not designed for the type of population that requires intensive mental health programming, supplemented with medical care. Additionally, Bridgewater State Hospital campus layout is not well-suited for its mission. Dining spaces and program spaces in separate buildings from housing require access through uncovered and unheated exterior spaces. Given the special population at this campus, this movement is not ideal and creates inefficiencies not easily remedied. This facility should be considered for repurposing to housing a different, more appropriate segment of DOC's population.

Civil Commitments

Although currently housed in DOC facilities in large part to receive treatment, the civil commitments have not been included in the bedspace needs to this point even though they currently consume bedspaces. The CMP recommends that civil commitments, when possible, be treated in community-based programs so that reimbursement from Medicaid, Medicare, or private insurance can be pursued. These populations include mentally ill, sexually dangerous persons and alcohol / substance abuse populations. Table 5.1-19 summarizes the additional bedspace needs projected for these populations.

Table 5.1-19
Projected Civil Commitments – Mentally Ill & Alcohol / Substance Abuse

Civil Commitments	2009 ADP	2020 Projected Bedspace Need
Mentally Ill	227	242
Alcohol / Substance Abuse (Section 35's)	92	183
Sexually Dangerous Persons	295	247

Notes: All civil commits are male except 17 female Section 35's

Inclusion of these populations within the Corrections System is unique to Massachusetts, particularly alcohol and substance abuse cases. Currently alcohol and substance abuse civil commitments are treated at the Massachusetts Alcohol and Substance Abuse Center (MASAC). Historically, the reason for this appears to be the lack of community-based treatment programs. In fact, due to the limited community-based programs, some civil commitments have criminal holds placed on them to ensure they receive treatment in the DOC. As the programs have become available, the number of Section 35 detainees within the DOC has been decreasing. In fact, DOC has been able to reduce the population at MASAC due to available beds at the Men's Addiction Treatment Center, a nonprofit treatment center in



Brockton. Keeping these civil commits in the DOC's MASAC facility will reduce the DOC's ability to provide treatment to their inmate populations who have no other alternative for treatment.

Sexually Dangerous persons are discussed furthering more detail later in the section on Sex Offenders.

Relevant to this section are the mentally ill civil commitments as they occupy many of the sub-acute mental health bedspaces at BSH and present an even more difficult burden for the DOC. Given the limited number of bedspaces for the mentally ill and the overwhelming need for these sub-acute bedspaces for incarcerated individuals, utilizing them for civilly committed individuals is simply not affordable or cost-effective. Federal reimbursements for this care are not possible when treatment is provided in Correction facilities. Many of these individuals are committed after their completed sentence and are civilly committed because they have been determined to be dangerous to themselves and/or others. Understanding that security levels must be assessed, the CMP recommends that the responsibility for some or all of the civilly committed mentally ill be transferred to the care of the Department of Mental Health (DMH) if possible. In fact, DMH currently cares for female mentally ill civil commitments. Understanding the overlapping and duplicate services provided by DMH and DOC is needed to determine the most cost-effective means of addressing the needs of this population. Should this not be possible, the mentally ill civil commits should be added to the sub-acute mental health bedspace need, increasing from 635 to approximately 877.

Components of the Recommended Plan – Mental Health Population

The need for separate living environments for mentally ill offenders is a trend in the US prison system today. By providing a separate environment with specialized programming and services, management of the general population can become more efficient. In addition, co-locating the sub-acute medical beds with the bedspaces for the mentally disordered population improves the level of care since many mentally ill patients have medical problems. Table 5.1.18 which identifies current sub-acute bedspaces can inform where the first new bedspaces should be added.

Table 5.1-20 illustrates the projected need for sub-acute mental health bedspaces on a regional basis is as follows:

Northeast Region:	91 -107	Southeast Region:	126-128
Central Region:	340-364	West Region:	35-37

As per Table 5.1-18, the Central Region has the largest target sub-acute mental health bedspace need beds and the largest shortfall of approximately 179-203 beds. The Southeast Region has the next greatest target need but with BSH, there would actually be a surplus of approximately 196 -198 beds. As noted, the projected need and resulting surplus does not include the civilly committed. Furthermore, BSH is serving the entire system, not only the Southeast Region. The Northeast Region's target need compared to the existing 12 sub-acute beds results in a shortfall of approximately 79-95 beds. Similarly, the West Region is expected to have a shortfall of approx. 22-30 sub-acute beds.

Due to reasons previously stated, the CMP recommends the eventual repurposing of the BSH and/or the construction of new purpose-built facilities to provide a range of medical and mental health bedspaces either adjacent to the campus or on a new site.

This potential repurposing of BSH can provide the opportunity to redistribute the sub-acute bedspaces to more appropriately address needs on a regional basis. Clearly, all beds are not equal and the most severe cases of mental illness will require more intensive care that is not easily and cost-effectively provided at most individual facilities. Critical to this discussion is whether the types of mental health beds in the system currently are appropriate; whether



the bedspaces are supported by staff that can provide the necessary treatment; whether they are located appropriately to serve the inmate populations; and whether the mental health services are provided in a cost-effective manner. The plan for BSH and the provision of mental health bedspaces should be investigated in more detail as part of the Needs Assessment prior to implementing any medical and mental health bed projects.

Without BSH's approximately 320 sub-acute mental health beds (and 14 mental health observation beds), the system's sub-acute mental health care capacity reduces to approximately 208 beds and results in a shortfall of approximately 427 sub-acute beds, assuming the remaining current mental health beds are adequately staffed and facilities are appropriate for continued use. This also translates to a shortfall of 122-124 sub-acute beds in the Southeast Region.

Due to limited resources, new purpose-built facilities sized to meet the entire target need will not be possible by 2020. Therefore, at minimum, the existing BSH mental health beds are likely to remain in the system for the immediate future. Determining a comprehensive plan that phases in new beds to initially supplement existing beds while maintaining the feasibility for implementing the long range plan will be required. However, for planning purposes, with the exception of BSH, the existing sub-acute beds have not been excluded from the general custody bedspace calculations. The CMP assumes that new purpose-built facilities will be provided over time to accommodate this population, making bedspaces available in existing facilities for general population inmates.

As noted earlier, co-location of medical and mental health beds is ideal in large part due to co-existing medical and mental health needs of many inmates. Table 5.1-20 illustrates the disaggregation of the projected 1,541 medical and mental health beds by DOC and Sheriffs. DOC step-down inmates and 52A's detainees are included in DOC needs in Table 5.1-20 but have been reassigned to Sheriffs in Table 5.1-21. These numbers must be validated by a more detailed assessment of acuity levels before embarking upon a building program.

Table 5.1-20 Estimated Number of Medical and Mental Health Bedspaces by 2020

	Acute Medical / MH Beds 2020	Sub-acute Medical Beds 2020	Sub-acute Mental Health Beds 2020	Total Health Care Beds 2020
Sheriffs	155	232	232	618
DOC	115	404	404	922
Total Medical + Mental Bedspaces	270	635	635	1,541

Source: National Benchmarks applied to DOC and County projections

In order to assess the shortfalls of medical and mental bedspaces on a regional basis, Table 5.1-21 summarizes the shortfalls and surpluses of the different medical and mental health care beds based on existing bedspaces identified and applying the current classification system.

**Table 5.1-21
Estimated Medical and Mental Health Bedspaces Shortfalls / Surpluses by 2020 with DOC Step-down - Current Classification**

Medical and Mental Health Regions	Sub-acute Medical Bed Shortfall	Acute Medical / MH Bed Shortfall 2020	Sub-acute Mental Health Bed Shortfall 2020	Total bed Shortfall 2020
Northeast Region	(91)	46	(79)	(124)
Central Region	(351)	142	(203)	(411)
Southeast Region	(128)	26	196	94
West Region	(53)	52	(22)	(23)
Total Medical + Mental Bedspaces	(622)	267	(107)	(463)



As previously discussed, medical acute care beds are not the most critical need in the Massachusetts Corrections System. In fact, Table 5.1-21 illustrates a surplus of 267 bedspaces. These infirmary beds are not staffed nor do they typically provide the level of care received in a hospital setting. Because Shattuck Hospital plays a critical role in providing a higher level of acute care, Shattuck's future is central to determining whether new higher level medical acute care beds are required in the system. However, because providing medical sub-acute care beds will enable better use of acute care beds at Shattuck, in DOC and Sheriff department infirmaries and even in local hospitals, the first steps in the CMP will focus on sub-acute medical needs.

The sub-acute medical bedspace shortfall for 2020, estimated at approximately 622 beds, is clearly the greatest shortfall in the Massachusetts Correction system's mental and medical bedspaces. The sub-acute mental health care bedspaces shortfall is estimated at approximately 107 beds. Should Bridgewater State Hospital be repurposed, this shortfall increases to 427 beds. As previously noted, the existing sub-acute mental health bedspaces are currently considered general custody beds and are in fact counted as such in the capacity analysis. Short-term these beds can continue to serve the mental health needs but the CMP recommends providing these bedspaces in new regional facilities and utilizing the existing bedspaces for general custody needs.

Although short-term crisis (acute care) mental health beds need to be carefully assessed on a facility basis, the provision of at least some portion of these beds in regional facilities should be included to supplement existing beds and realize staffing efficiencies.

In the short-term, if all existing medical and mental health bedspaces remain in use except for the repurposing of Bridgewater State Hospital, the total medical and mental health bedspace shortfalls are estimated at approximately 1,050 ($1,049 = 622 \text{ medical sub-acute} + 427 \text{ mental health sub-acute} = 107 + 320 \text{ BSH beds}$). This shortfall does not incorporate the potential repurposing of surplus medical acute beds. Long term, the replacement of all sub-acute bedspaces estimated at approx. 1,270 bedspaces should be provided in new specialized regional facilities.

As previously noted, this calculation does not include civilly committed individuals. The bedspace shortfall can be expected to increase as follows: Sub-acute medical bedspaces +24; acute medical + 8; sub-acute mental health +242; totaling 274 additional bedspaces. Combined with the replacing existing medical and mental health sub-acute bedspaces, the total sub-acute bedspace need is estimated at 1,536.

The configuration of these purpose-built beds is best described as similar to assisted living environments with a percentage of the beds in high security housing, especially the mental health crisis beds. While the 1,200 – 1,500 bed need could be met through additions to existing institutions, the continuous care requirements of this population cohort that requires intensive treatment are such that “stand-alone” facilities with specialty staff will likely prove to be most effective. However, these purpose-built facilities will require programs equivalent to those accessible in general custody facilities.

Sizing these special-built facilities is more a factor of the disaggregate than the aggregate, meaning that the total facility may be 400- 500 (recommended in the CMP) while the more important number is the span of control of the nursing station (28-32 beds). Again, a final size of the nursing station and the total facility size should be determined through a more scientific survey of acuity levels. Using 1,500 medical and mental health beds as the universe of need by 2020 (assuming the inclusion of civil commitments) and 500 as a target size for a single facility, three new specialized facilities are proposed.

Some inmates admitted to these facilities will require a level of security comparable to a prison, but their criteria for admission is based upon their medical and/or mental diagnosis and not their custody classification. Location of these three purpose-built facilities should be influenced by the proximity of a source of trained medical and mental health

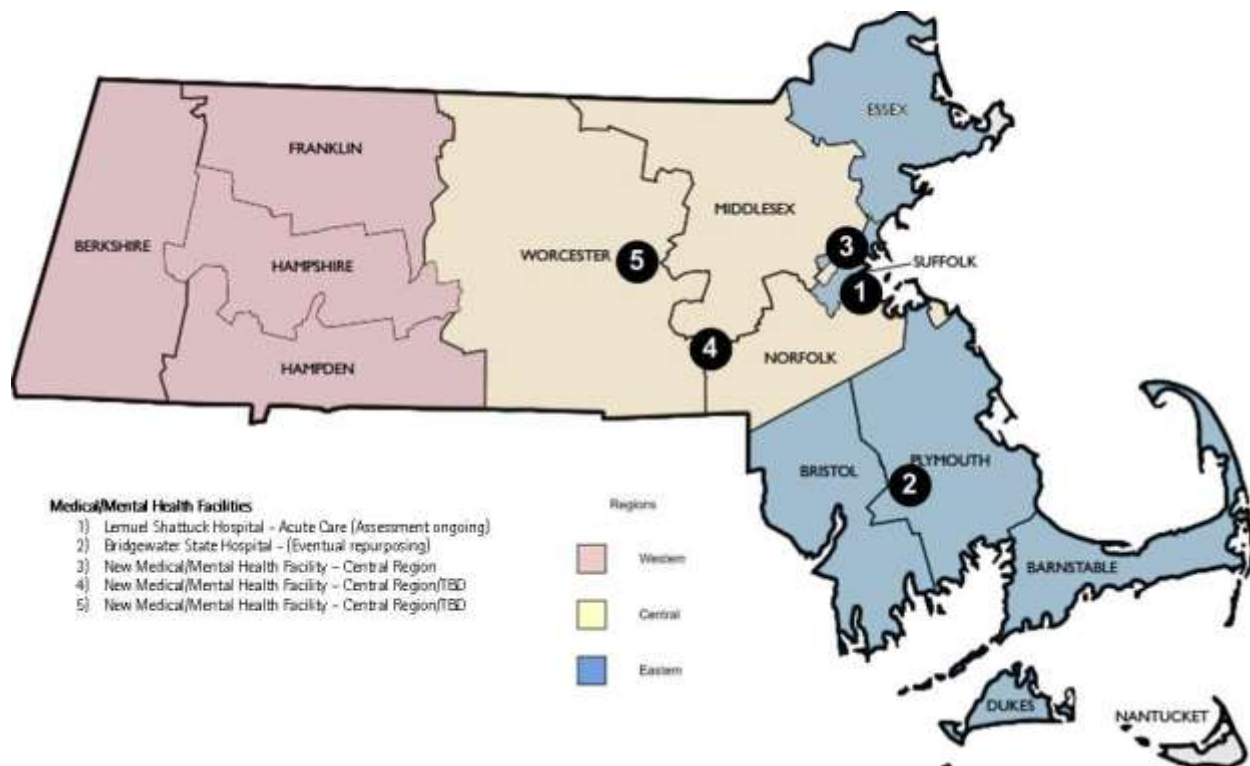


professionals; e.g. university teaching hospitals and medical schools. While co-location with existing prisons is acceptable, these specialty facilities should rely more upon community resources than correctional environments for support. Transportation costs and the use of telemedicine must be considered in the location of these regional specialized facilities.

Considering where the greatest shortfalls are regionally can inform potential locations for the new facilities. The Central Region has the greatest shortfalls and is home to the largest portion of the Corrections System's population. The Southeast Region, with the repurposing of BSH would have the next greatest shortfall and has the second largest population. Shortfalls in the Northeast and West Regions can also be addressed in these shared facilities.

The Commonwealth is rich in health care resources, thus the attraction of qualified professional staff should be easier than in states that typically locate prisons in remote areas. Also, most of the inmates that would populate the proposed health care facilities are currently assigned to institutions in the eastern one-third of the Commonwealth. As shown in Figure 5.1-2, possible general locations for the proposed new health care facilities are therefore focused in the Central Region.

Figure 5.1-2 Proposed General Locations for New Medical and Mental Health Facilities



Phasing of the Recommended Plan

For a first phase, one medical / mental health facility is recommended. Continuing the use of BSH and Shattuck in the short term will be required. Following a more in-depth Needs Assessment, new facilities and upgrades to existing facilities can be more completely defined.



PRE-RELEASE AND REENTRY POPULATION

In the Corrections Master Plan, pre-release/reentry is defined as the “place” where release preparation occurs. While the reentry and pre-release programs are essential to a successful re-integration into the community, the focus of the CMP is the facilities where these programs and services can occur. The distinction between “place” and “program” is significant. Typically, the DOC (and many Sheriffs) assigns eligible offenders to a pre-release/reentry program, which, in the case of the DOC includes both housing and program/activity spaces.

For most of the Sheriff departments, reentry includes the dedication of housing units and non-housing spaces in jails, community residential and non-residential reentry program facilities for the programs associated with pre-release and reentry. Thus, from the perspective of capital funding, pre-release/reentry means a dedicated place (e.g., facility and/or housing unit) which may include confinement housing in a jail or prison, community-based residential housing, or a non-residential office where daily reentry programs and services are provided.

Planning Basis

Some Sheriff departments assign inmates to “reentry” even during their pretrial status and do provide a range of very beneficial programs and services that prepare inmates for their ultimate release from a county jail or house of correction. Accommodating this practice, while essential to the mission, is not the focus of the CMP where the emphasis is the provision of separate bedspaces for inmates that qualify to be assigned to a purpose-built program in a purpose-built environment. These programs are core to successful pre-release/re-entry and the spaces needed to support those programs should be assessed on a county specific basis when pre-release bedspaces are added. The CMP is based on the assumption that many inmates will be assigned to a pre-release or reentry status but due to many factors, including the committing offense or behavior while incarcerated, will not be assigned to a purpose-built, low custody facility.

Currently, the DOC has approximately 833 bedspaces categorized as minimum / pre-release beds or approximately 7% of the total current beds. Because the breakdown of minimum / pre-release inmates housed in these beds has not been tracked historically by DOC, the percentage of inmates classified as ‘pre-release’ (as opposed to minimum custody) is difficult to predict based on current practices and trends.

As a starting point, a snapshot of the population on December 28, 2009 was used to get an order of magnitude estimate of the number of pre-release inmates based on the current classification system; 3.1% of the sentenced men population and 4.8% of the sentenced women population were classified as pre-release. Applying these percentages to the total projected bedspace need for men and women, the DOC’s 2020 pre-release bedspace need is estimated at approximately 354 beds (338 for men and 16 for women). Since this snapshot includes county-sentenced women currently housed in DOC facilities, the pre-release percentage for women could be lower if only DOC sentenced women were considered. However, this information was not available and the impact would be marginal since the total women pre-release beds using the current classification are estimated at only 16.

This DOC snapshot included a wait list for pre-release/minimum bedspaces that amounts to an additional 1% of the sentenced population but it was not broken down into pre-release and minimum custody. For planning purposes, this increase has been assumed to be largely minimum custody inmates and not pre-release.

The DOC completed a re-classification study of the existing population in 2005 that found that the point system at that time had a scoring and over-ride process that did not meet industry standards, resulting in higher security levels than was necessary. Based on this study an Objective Classification System was implemented that resulted in a



slight shift to lesser security levels. Based on national standards, 16.5% of the DOC's ADP should be assigned to pre-release status, eliminating inmates that are within the release eligibility date but are such serious offenders (e.g., sex offenders) that they do not qualify for a community-based assignment. Although the current classification system represents a shift in this direction, the potential for greater gains is presented in this 'target' or proposed classification system. In this calculation, the percentage of men and women in pre-release/reentry is assumed to represent the current male/female split in the general population. However, an argument could easily be made that a higher percentage of women will be release-eligible than men.

This percentage, 16.5%, was applied against the 2020 DOC projected sentenced bedspace needs (11,235) to arrive at a planning number of approximately 1,853 pre-release/reentry bedspaces (1,797 men and 57 women). *This calculation more than quadruples the target number of pre-release bedspace need.*

The number of pre-release/reentry inmates in Sheriff department facilities is much more difficult to determine since a uniform classification system is not used. However, based upon discussions with representatives of the Sheriff's Departments and data provided by most Sheriffs in a matrix, a percentage of 22% of the projected sentenced bedspaces (10,194) was used to estimate the number of 2020 pre-release/reentry bedspaces. The split between males and females was also based upon the percentage of sentenced females in the county population. However, due to women's shorter sentences, a higher percentage could be applied. However, the same percentage is applied to men and women because there is no data from which to base a modified formula.

Table 5.1-22 presents the projected number of DOC and county pre-release/reentry beds for 2020 utilizing the current classification system. Table 5.1-23 presents the proposed number of pre-release beds, applying the revised classification to DOC beds.

Table 5.1-22
Pre-Release/Reentry Bedspace Need for 2020 with Current Classification System

Pre-Release	Males	Females	Total Beds by 2020
Sheriffs	2,057	186	2,243
DOC	338	17	354
Combined Total Pre-Release Beds	2,395	202	2,597

Projected DOC beds utilizing current classification breakdown - Pre-release @ 3.1% for men; 4.8% for women

Table 5.1-23
Pre-Release/Reentry Bedspace Need for 2020 with Proposed Classification System

Pre-Release	Males	Females	Total Beds by 2020
Sheriffs	2,057	186	2,243
DOC	1,797	57	1,854
Combined Total Pre-Release Beds	3,854	243	4,097

Source: Carter Goble Lee; Percentages of 22% of county-sentenced bedspace needs; 16.5% applied to DOC sentenced bedspace needs.

As the above tables illustrate, the classification system has tremendous impact on the pre-release bedspace projection, with the target bedspace needs differing by 1,459 beds for men. This becomes critical in determining the type and quantity of bedspaces to build in a phased plan. With a classification system that results in more inmates eligible for pre-release, meeting the need of the projected population can be achieved by building fewer 'secure' general custody beds which are typically more expensive to build and operate than pre-release. These pre-release



Chapter 5

facilities can either be developed on State-owned Sheriff or DOC properties or they can potentially be leased in the community where they can more quickly be brought on line as the need arises.

Regardless of which classification system is used, the majority of pre-release bedspace need will be for county-sentenced population (86% under the current classification and 55% under the proposed classification system).

One of the key CMP goals is to institute a state-wide comprehensive step-down program to transfer eligible DOC inmates in the last 6-12 months of their sentence into Sheriff facilities of their originating counties. This will enable inmates to make connections to community resources while still incarcerated, supporting a successful reintegration into the community, and ultimately a lower rate of recidivism. The increased step-down of DOC inmates into Sheriff facilities may necessitate an increased use of minimum bedspaces in order to effectively assess inmates and step them down gradually. However, due to the 15% multiplier applied to the Sheriff's ADP to translate into bedspace need that accommodates peaking and classification, temporary assignment to minimum bedspaces should be accommodated. Although a more integrated classification system will make this transition smoother, in some cases, the mix of bedspaces may need to include some minimum bedspaces and should be determined for each facility during the programming of new beds and should be based on operational issues in each Sheriff department.

While the total bedspaces needed in the system does not change, the impact of shifting some DOC population to the Sheriffs would result in fewer DOC bedspaces and more Sheriff pre-release bedspaces. Defining the criteria that determine eligibility for transfer from DOC facilities into Sheriff facilities will be critical for a smooth transition and should be developed with input from all stakeholders. Even with the transfer of a majority of DOC eligible pre-release inmates into Sheriff facilities, DOC may still need additional pre-release beds.

Based on DOC Release Reports for 2002-2006, the percentages of DOC inmates released to each county by gender were averaged to estimate the likely distribution of stepped-down / pre-release inmates from the DOC into Sheriff or multi-jurisdictional regional pre-release facilities. The results are illustrated in Tables 5.1-24 and 5.1-25 for reference.

Table 5.1-24 Percentage of Male DOC Inmates Released by County of Origin

Self-Reported County of Origin	2002	2003	2004	2005	2006	Average % of DOC Releases
Essex	11%	9%	7%	7%	8%	8%
Suffolk	22%	23%	27%	29%	26%	25%
Northeast Region	33%	32%	34%	36%	34%	34%
Middlesex	12%	12%	12%	10%	12%	12%
Norfolk	4%	4%	4%	4%	4%	4%
Worcester	13%	11%	9%	10%	11%	11%
Central Region	29%	27%	25%	24%	27%	26%
Barnstable	3%	2%	2%	1%	2%	2%
Bristol	9%	8%	7%	8%	8%	8%
Dukes	0%	0%	0%	0%	0%	0%
Nantucket	0%	0%	0%	0%	0%	0%
Plymouth	5%	5%	7%	7%	7%	6%
Southeast Region	17%	15%	16%	16%	17%	16%
Berkshire	2%	2%	1%	1%	2%	2%
Franklin	1%	1%	1%	0%	0%	1%
Hampden	12%	14%	14%	13%	13%	13%
Hampshire	1%	1%	1%	1%	1%	1%
West Region	16%	18%	17%	15%	16%	16%
Out-of-State	7%	7%	6%	7%	7%	7%

Source: DOC Release Reports 2002-2006

Table 5.1-25 Percentage of Female DOC Inmates Released by County of Origin

Self-Reported County of Origin	2002	2003	2004	2005	2006	Average % of DOC Releases
Essex	17%	16%	13%	14%	12%	14%
Suffolk	11%	10%	12%	13%	13%	12%
Northeast Region	28%	26%	25%	27%	25%	26%
Middlesex	18%	18%	23%	21%	27%	22%
Norfolk	5%	5%	7%	6%	7%	6%
Worcester	25%	28%	22%	26%	22%	25%
Central Region	48%	51%	52%	53%	56%	53%
Barnstable	1%	3%	2%	1%	1%	2%
Bristol	3%	3%	4%	4%	3%	4%
Dukes	0%	0%	0%	0%	0%	0%
Nantucket	0%	0%	0%	0%	0%	0%
Plymouth	10%	9%	9%	6%	8%	8%
Southeast Region	14%	15%	15%	11%	12%	13%
Berkshire	1%	0%	1%	0%	0%	0%
Franklin	0%	0%	0%	0%	0%	0%
Hampden	2%	2%	2%	3%	1%	2%
Hampshire	0%	0%	0%	0%	0%	0%
West Region	3%	2%	3%	3%	1%	2%
Out-of-State/ not reported	7%	6%	4%	5%	5%	5%

Source: DOC Release Reports 2002-2006



Chapter 5

As this DOC release data included county-sentenced females from some of the Sheriff departments, there is a slight skew to the distribution of DOC step-down. However, due to the relatively low number of DOC females, the impact of this skew is minimal. The potential distribution of DOC step-down inmates utilizing the current classification system is illustrated in Table 5.1-26 and the potential distribution of DOC step-down inmates utilizing the proposed or target classification system is illustrated in Table 5.1-27.

Table 5.1-26
2020 DOC Step-down for Pre-Release Bedspaces
Current Classification System

Region	DOC- Step-down Beds 2020		
	Male	Female	Total
Northeast Region	114	4	118
Central Region	89	9	98
Southeast Region	55	2	57
West Region	55	0	56
DOC / Out-of-State	24	1	25
Total	338	17	354

Table 5.1-27
2020 DOC Step-down for Pre-Release Bedspaces
Proposed/Target Classification System

Region	DOC- Step-down Beds 2020		
	Male	Female	Total
Northeast Region	607	15	622
Central Region	474	30	505
Southeast Region	291	8	299
West Region	295	1	296
DOC / Out-of-State	129	3	132
Total	1,797	57	1,853

As women pre-release bedspace need was covered in a previous section of this Chapter, pre-release bedspace need for men are the focus of the following tables. Table 5.1-28 summarizes the total Male Pre-release and DOC Step-down Beds projected for 2020 using the current classification system while Table 5.1-29 uses the proposed classification system.

Table 5.1-28
2020 Male Pre-Release +DOC Step-down –
Current Classification

Sheriff	Pre-Release Beds 2020	DOC Step-down 2020	Total Pre-release
Essex	304	28	332
Suffolk	370	86	455
Northeast Region	673	114	787
Middlesex County	225	39	264
Norfolk County	108	14	121
Worcester County	203	36	240
Central Region	536	89	625
Barnstable County	77	7	84
Bristol County	169	27	196
Dukes County	7	0	7
Plymouth County	158	21	179
Southeast Region	412	55	467
Berkshire County	63	5	68
Franklin County	38	2	40
Hampden County	263	45	307
Hampshire County	72	3	76
West Region	435	55	491
DOC Pre-release		24	24
TOTALS	2,057	338	2,395

Table 5.1-29
2020 Male Pre-Release +DOC Step-down -
Proposed Classification

Sheriff	Pre-Release Beds 2020	DOC Step-down 2020	Total Pre-release
Essex	304	151	455
Suffolk	370	456	826
Northeast Region	673	607	1,281
Middlesex County	225	208	433
Norfolk County	108	72	180
Worcester County	203	194	397
Central Region	536	474	1,010
Barnstable County	77	36	113
Bristol County	169	144	313
Dukes County	7	0	7
Plymouth County	158	111	270
Southeast Region	412	291	703
Berkshire County	63	29	91
Franklin County	38	11	49
Hampden County	263	237	500
Hampshire County	72	18	90
West Region	435	295	730
DOC Pre-release		129	129
TOTALS	2,057	1,797	3,854

Pre-release and reentry services are program intensive. For the Sheriffs this status often means work release and the ability to leave the facility for work or education assignments during allowed times. A similar approach is used by the DOC although their pre-release offenders tend to be involved in a range of programs that while including work release, also include intensive release preparation through substance abuse counseling, remedial skills classes, and job seeking training. This type of programming is also available in Sheriff facilities but varies from facility to facility.



Furthermore, many Sheriff departments do not designate units specifically for pre-release populations. However, pre-release programs that include work release are best sited separately from the general population with a separate entry at minimum, if not outside of the secure perimeter.

Table 5.1-30 summarizes the current pre-release facilities in the Massachusetts Corrections System, illustrating the impact on the CMP Baseline Capacity and Potential Capacity. There are currently approximately 1,823 beds designated as pre-release bedspaces for men and women, constituting approximately 7% of the total combined bedspaces in DOC and Sheriff facilities. Because many Sheriffs house pre-release inmates in units within the facilities that are not designed as pre-release facilities, many beds used for eligible pre-release inmates are buried in the total facility capacity bedspace counts and would not be included in the table below. DOC beds are categorized as Pre-release/Minimum and therefore may house some inmates that are not classified as pre-release. By applying the CMP Baseline Capacity guidelines, the total pre-release capacity reduces to 1,343 but with plumbing fixture upgrades can be raised to 1,794 beds.

Table 5.1-30 Existing Pre-Release Beds – Men & Women

Jurisdiction	Current Beds	CMP Baseline Capacity	Potential Capacity
Sheriffs	990	738	999
DOC	833	605	795
Total	1823	1343	1794

Of the designated pre-release beds listed in Table 5.1-30 and 5.1-31, the majority of beds are for male inmates. DOC's South Middlesex Correctional Center (186 current beds / 155 CMP Baseline Capacity / 187 Potential Capacity), Essex County WIT (24 beds) and the WMRWCC (48 beds) are the only facilities designated specifically for women. Of the 1,823 current beds, 258 are for women and 1,565 are for men. Of the 1,343 CMP Baseline Capacity beds, 227 are for women and 1,116 are for men. Of the 1,794 Potential Capacity beds, 259 are for women and 1,535 are for men.

Table 5.1-31 breaks down the current pre-release beds by region, with DOC facilities included based on their location. The majority of pre-release beds are located in the Central Region. The majority of the Northeast Region's pre-release beds are in the Essex Co. Correctional Center and the DOC's Boston Pre-release Center. The West Region's pre-release beds are mostly in Hampden County.

Table 5.1-31 Existing Pre-Release Beds by Region – Men & Women

Jurisdiction	Current Beds	CMP Baseline Capacity	Potential Capacity
Northeast Region	659	408	664
Central Region	982	697	881
Southeast Region			
West Region	182	238	249
Total	1823	1343	1794

Tables 5.1-32 and 5.1-33 on the following page compare pre-release bedspace capacity and needs to generate pre-release bedspace shortfalls by jurisdiction and region, including men and women, applying the current classification and proposed / target classification respectively.



Chapter 5

Table 5.1-32 Pre-Release Beds with DOC Step-down by Region and Jurisdiction – Current Classification

Jurisdiction	Pre-Release CMP Baseline Capacity		2020 Pre-release Bedspace Need		2020 Pre-release Bed Shortfall (CMP Capacity)		Potential Capacity Pre-release Bedspaces		2020 Pre-release Bed Shortfall (Potential Capacity)	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Essex	174	24	332	40	(158)	(16)	328	24	(4)	(16)
Suffolk	74	0	455	24	(381)	(24)	74	0	(381)	(24)
Northeast Region	248	24	787	64	(539)	(40)	402	24	(385)	(40)
Middlesex County	116	0	264	27	(148)	(27)	116	0	(148)	(27)
Norfolk County	64	0	121	14	(57)	(14)	128	0	7	(14)
Worcester County	48	0	240	20	(192)	(20)	80	0	(160)	(20)
Central Region	228	0	625	61	(397)	(61)	324	0	(301)	(61)
Barnstable County	0	0	84	8	(84)	(8)	0	0	(84)	(8)
Bristol County	0	0	196	18	(196)	(18)	0	0	(196)	(18)
Dukes County	0	0	7	0	(7)	0	0	0	(7)	0
Plymouth County	0	0	179	12	(179)	(12)	0	0	(179)	(12)
Southeast Region	0	0	467	39	(467)	(39)	0	0	(467)	(39)
Berkshire County	0	0	68	6	(68)	(6)	0	0	(68)	(6)
Franklin County	12	0	40	0	(28)	0	12	0	(28)	0
Hampden County	138	48	307	31	(169)	17	138	48	(169)	17
Hampshire County	40	0	76	1	(36)	(1)	51	0	(25)	(1)
West Region	190	48	491	38	(301)	10	201	48	(290)	10
DOC Pre-release	450	155	24	1	426	154	608	187	584	186
TOTALS	1,116	227	2,395	202	(1,279)	25	1,535	259	(860)	57

Projected DOC beds utilizing current classification breakdown - 3.1% of sentenced men and 4.8% of sentenced women

Table 5.1-33 Pre-Release Beds with DOC Step-down by Region and Jurisdiction – Proposed Classification

Jurisdiction	Pre-Release CMP Baseline Capacity		2020 Pre-release Bedspace Need		2020 Pre-release Bed Shortfall (CMP Capacity)		Potential Capacity Pre-release Bedspaces		2020 Pre-release Bed Shortfall (Potential Capacity)	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Essex	174	24	455	46	(281)	(22)	328	24	(127)	(22)
Suffolk	74	0	826	29	(752)	(29)	74	0	(752)	(29)
Northeast Region	248	24	1,281	74	(1,033)	(50)	402	24	(879)	(50)
Middlesex County	116	0	433	36	(317)	(36)	116	0	(317)	(36)
Norfolk County	64	0	180	17	(116)	(17)	128	0	(52)	(17)
Worcester County	48	0	397	30	(349)	(30)	80	0	(317)	(30)
Central Region	228	0	1,010	82	(782)	(82)	324	0	(686)	(82)
Barnstable County	0	0	113	9	(113)	(9)	0	0	(113)	(9)
Bristol County	0	0	313	19	(313)	(19)	0	0	(313)	(19)
Dukes County	0	0	7	0	(7)	0	0	0	(7)	0
Plymouth County	0	0	270	16	(270)	(16)	0	0	(270)	(16)
Southeast Region	0	0	703	44	(703)	(44)	0	0	(703)	(44)
Berkshire County	0	0	91	6	(91)	(6)	0	0	(91)	(6)
Franklin County	12	0	49	0	(37)	0	12	0	(37)	0
Hampden County	138	48	500	31	(362)	17	138	48	(362)	17
Hampshire County	40	0	90	1	(50)	(1)	51	0	(39)	(1)
West Region	190	48	730	39	(540)	9	201	48	(529)	9
DOC Pre-release	450	155	129	3	321	152	608	187	479	184
TOTALS	1,116	227	3,854	242	(2,738)	(15)	1,535	259	(2,319)	17

Source: Carter Goble Lee; Percentages of 22% of county-sentenced bedspace needs;16.5% applied to DOC sentenced bedspace needs.



Components of the Plan – Male Pre-release

As an important criteria for the success of pre-release and re-entry programs is their ability to provide a connection to community resources for inmates while still incarcerated, the CMP recommends aligning the pre-release bedspace needs in facilities as close to the originating communities as possible. As previously discussed in this Chapter, due to the smaller numbers of women inmates, providing the quality and number of programs for the multiple small facilities that would be required if all communities had women pre-release facilities is more difficult. Therefore, for women, some regionalization is recommended in order to provide the needed programs close to the inmates' originating communities. Since these women facilities were previously outlined in the Women's section of this Chapter, the remainder of this discussion will focus on men's pre-release bedspaces only.

By comparing Tables 5.1-32 and 5.1-33, the impact of the current and proposed classification systems on a jurisdictional level can be evaluated. Critical points focused on **male pre-release** can be summarized as follows:

- Pre-release bedspace needs for men are dramatically impacted by the classification system applied, with the 2020 need for men pre-release bedspaces ranging from 2,395 to 3,854.
- The impact of classification on DOC step-down beds required in Sheriff facilities differs among the regions, with the Northeast and Central Regions experiencing a larger share of these inmates.
- Although all regions show a significant need, relatively speaking, the greatest bedspace need is in the Northeast Region and the lowest need is in the West Region for both classification systems.
- Considering existing Sheriff male pre-release facilities, the Northeast Region has the largest CMP Baseline Capacity at 248, followed by the Central Region at 228, the West Region at 190, and the Southeast Region with no capacity. The DOC's minimum/ pre-release CMP Baseline Capacity for men is approx. 450 beds.
- With potential capacity improvements, the CMP Baseline Capacity for pre-release can be increased by approximately 418 beds, 158 beds in DOC facilities and 261 beds in Sheriff facilities.
 - The greatest opportunity to increase Sheriff facilities' capacity is in the Northeast Region's Essex Alternative Correctional Center with an additional 154 beds, followed by the Central Region's Norfolk Jail / HOC with an additional 64 beds and Worcester Co. HOC with an additional 32 beds.
 - The opportunities to increase capacity in DOC minimum/pre-release facilities is at the Boston Pre-Release Center with an additional 102 beds, Pondville Correctional Center with 32 additional beds and Northeastern Correctional Center with an additional 24 beds.
- Regional shortfalls are impacted by the classification system applied.
 - If all existing pre-release facilities were kept in use including DOC facilities, the combined DOC / Sheriff pre-release bedspace shortfall for men will range between 860 to 2,319 bedspaces with potential capacity improvements or between 1,279 to 2,738 bedspaces without any improvements.
 - With the current classification system and based on CMP Baseline Capacity, the Northeast has the greatest shortfall (539), followed by the Southeast Region (467), the Central Region (397) and the West Region (301). Based on Potential Capacity, the Southeast Region has the greatest male pre-release bedspace shortfall (467), followed by the Northeast Region (385), the Central Region (301) and finally the West Region (290).



Chapter 5

- With the proposed classification system and based on CMP Baseline Capacity, the greatest shortfall remains in the Northeast Region (1,033), followed by the Central Region (782), the Southeast Region (703) and finally the West Region (540). With potential capacity improvements, the Northeast Region's shortfall can be reduced to 879 but remains the largest shortfall. With no existing bedspaces in the Southeast Region, there is no Potential Capacity and the shortfall of 703 becomes the second largest. With potential capacity improvements, the Central Region can be reduced to 686 and the West Region can be reduced to 529.
- With the implementation of a more aggressive DOC step-down into Sheriff facilities, the DOC will experience a surplus ranging from 321 to 584 beds without any improvements. This implies that either these facilities should be used for pre-release for the region where they are located or they should be repurposed as minimum custody bedspaces. Tables 5.1-32 and 5.1-33 assume that these beds will be used to offset the pre-release bedspace shortfalls of their respective regions.

With a total male pre-release bedspace need for men of 2,395 assuming continuation of the current classification system or 3,854 with the proposed classification system, the shortfalls for pre-release bedspace are significant.

The CMP recommends the continued use of DOC and Sheriff department bedspaces currently designated for eligible pre-release inmates in addition to new bedspaces in either renovated structures, new structures or leased facilities. Further, since these spaces would ideally be located near town centers with employment and educational opportunities as well as community resources, leasing facilities may be possible and desirable.

Although these calculations do not consider program space needs at existing facilities, for all facilities except the Hampden County Jail/ HOC, the CMP Baseline Capacity pre-release bedspaces are lower than the current bed count. Potential Capacities are higher than current beds at the Boston Pre-release Center, Pondville Correctional Center, and the Hampden County Jail & HOC pre-release bedspaces. Program space requirements at existing facilities must be examined on a facility basis prior to making any targeted capacity improvements.

In order to assess the order of magnitude of pre-release beds on a regional basis, DOC pre-release bedspace capacity has been added into the regions where they are located in Tables 5.1-34 and 5.1-35; Boston Pre-release in the Northeast Region, NECC and Pondville in the Central Region. DOC bedspace needs have been assigned to the Central Region in these tables, resulting in a surplus of pre-release bedspaces with the current classification system.

**Table 5.1-34 Men Pre-Release Beds by Region
Current Classification**

Jurisdiction	2020 Pre-release Bedspace Need	CMP Baseline Capacity	2020 Shortfall CMP Capacity	Potential Capacity	2020 Shortfall Potential Capacity
Sheriffs	787	248	(539)	402	(385)
DOC		136	136	238	238
Northeast Region	787	384	(403)	640	(147)
Sheriffs	625	228	(397)	324	(301)
DOC	24	314	290	370	346
Central Region	649	542	(107)	694	45
Sheriffs	467	0	(467)	0	(467)
Southeast Region	467	0	(467)	0	(467)
Sheriffs	491	190	(301)	201	(290)
West Region	491	190	(301)	201	(290)
Totals	2,395	1,116	(1,279)	1,535	(860)

**Table 5.1-35 Men Pre-Release Beds by Region
Proposed Classification**

Jurisdiction	2020 Pre-release Bedspace Need	CMP Baseline Capacity	2020 Shortfall CMP Capacity	Potential Capacity	2020 Shortfall Potential Capacity
Sheriffs	1,281	248	(1,033)	402	(879)
DOC		136	136	238	238
Northeast Region	1,281	384	(897)	640	(641)
Sheriffs	1,010	228	(782)	324	(686)
DOC	129	314	185	370	241
Central Region	1,140	542	(598)	694	(446)
Sheriffs	703	0	(703)	0	(703)
Southeast Region	703	0	(703)	0	(703)
Sheriffs	730	190	(540)	201	(529)
West Region	730	190	(540)	201	(529)
Totals	3,854	1,116	(2,738)	1,535	(2,319)



Phasing of the Recommended Plan

With a range of activities offered, the pre-release/reentry facilities should also offer a range of accommodation types from minimum custody housing to independent living where inmates are responsible for all activities of daily living, including the preparation of meals and transportation to employment or education sites. Facilities should provide a range of sizes and types of housing, ranging in size from 50 to 200 beds.

Assuming a gradual shift from the current classification system towards the proposed classification system, the male pre-release bedspace need will approach 3,854 bedspaces with a shortfall of approximately 1,862 bedspaces after potential capacity improvements are implemented and surplus general custody beds in the Southeast region are repurposed. Because potential sentencing reform may result in an increase of inmates eligible for pre-release as well as a more widespread use of electronic monitoring devices, the impact on pre-release needs is not easily predicted. Additionally, the implementation of 'Community Custody' can potentially impact the pre-release bedspace need. In a Second Chance Act Grant, Hampden County, EOPSS and the DOC will focus on developing a Regional Re-entry Initiative that could serve as a model for other regions. Implementation of these initiatives as well as continued classification reform could have a significant impact on pre-release bedspace needs. With limited resources and the undetermined impact of initiatives, 3,200 total pre-release bedspaces is a reasonable goal, less than the proposed classification system would suggest but slightly more than the current classification would require. This would require the addition of 1,200 new bedspaces.

As part of the Phase 1 Implementation Plan, the CMP recommends the addition of 600 pre-release bedspaces, spread out across the regions to supplement existing bedspaces. Table 5.1-36 illustrates the distribution of new pre-release bedspaces by region. As these new pre-release bedspaces will not address the total needs of every Sheriff and the DOC, the addition of new beds should be considered for use by multiple jurisdictions in the region. Governance, formal agreements, and eligibility criteria must be negotiated to ensure the success of this strategy. In the Southeast Region where no existing beds are designated as pre-release, an anticipated surplus of approx. 458 general custody bedspaces is recommended for repurposing as pre-release bedspaces as shown in the table below.

Table 5.1-36 Men Pre-Release Beds by Region – Phase 1

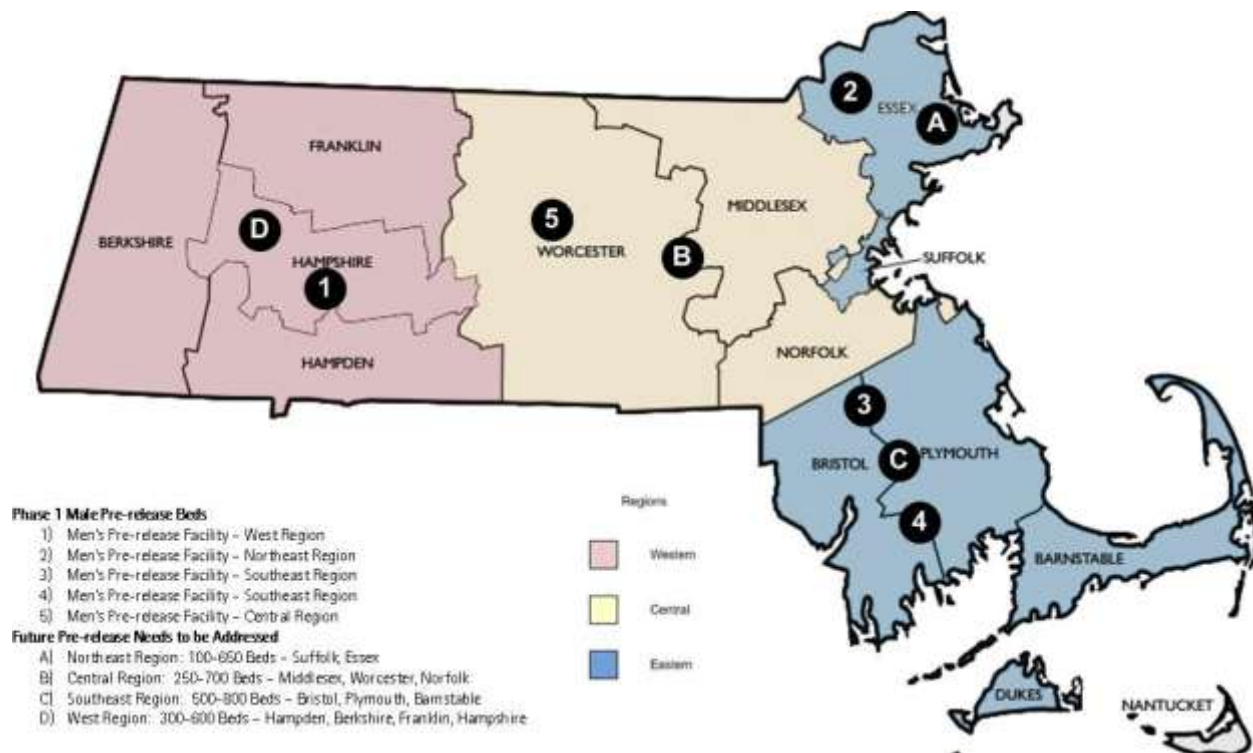
Jurisdiction	2020 Pre-release Bedspace Current Classification			2020 Pre-release Bedspace Proposed Classification			Pre-release Bedspace Goals				Pre-release Bedspaces Phase 1		
	Need	Repurposed	Shortfall	Need	Repurposed	Shortfall	Existing	Repurposed	New	Total	Existing	New	Total
Northeast Region	787		(147)	1,281		(641)	640		410	1,050	640	200	840
Essex							328						
Suffolk							74						
DOC							238						
Central Region	649		45	1,140		(446)	694		206	900	694	100	794
Middlesex							116						
Norfolk							128						
Worcester							80						
DOC							370						
Southeast Region	467	458	(9)	703	458	(246)	0	458	142	600	458	200	658
Barnstable County													
Bristol County													
Dukes County													
Plymouth County		458			458			458					
DOC													
West Region	491		(290)	730		(529)	201		424	625	201	100	301
Berkshire County							0						
Franklin County							12						
Hampden County							138						
Hampshire County							51						
DOC													
TOTALS	2,395	458	(447)	3,854	458	(1,861)	1,535	458	1,182	3,175	1,993	600	2,593

Notes: Southeast Region surplus of general custody beds repurposed for pre-release; Surplus of pre-release beds in Central Region not used to offset total shortfall in Current Classification scenario



The decision of the final size of any purpose-built facility can be made after consideration of other variables such as site size and the availability of structures that could be modified for this use. In Figure 5.1-3, the general locations of the pre-release/reentry bedspaces as part of the CMP Phase 1 are shown. Final sites /locations for new facilities are still to be determined. Since the number of beds to be added beyond Phase 1 is dependent on future initiatives regarding the classification system, policies, and proposed legislation, only the anticipated range of bedspaces needed for each region has been indicated.

Figure 5.1-3 General Locations for New Pre-Release/Reentry Facilities





SEX OFFENDER TREATMENT POPULATION

In the CMP, treatment populations are confined to programs that are residential-based and housed in purpose-built or designated facilities. While the DOC and Sheriffs currently operate treatment programs in a variety of housing units, these are not part of the specific capital plan that addresses purpose-built environments.

Similarly, sex offender treatment can involve several phases: Pre-treatment Phase (currently provided at MCI Norfolk and NCCI), Core Treatment Phase (Second Stage treatment currently provided at MTC), and Maintenance Phase (currently provided at NCCI). In the context of this section, the Sex Offender Treatment Population includes those in DOC's 30 month *Core Treatment Phase*. In defining the approach, the CMP accepts the bedspace need does not represent the universe of all the criminally charged sex offenders in the system, but merely the number expected to be in intensive treatment programming and, therefore, candidates for purpose-built or specially designated facilities.

Planning Basis

In the context of a CMP, sex offenders fall into two categories: 1) those that have been charged with a criminal offense and are voluntarily participating in treatment programs and 2) those that have completed their sentence for a criminal sexual offense but are either considered a continued risk to the community or did not participate in a treatment program. This latter category, referred to as 'sexually dangerous persons', are "civil commitments" as they are recommitted to the DOC on a bench warrant (civil charge) and not a criminal charge. These two categories currently total approximately 627 inmates, of which approximately 47% are civilly committed. Furthermore, DOC reports that sex offenders held at the DOC are almost always male.

As previously discussed, the CMP recommends the re-assignment of civil commitments to more appropriate agencies that currently provide similar services, security requirements permitting. The transfer of the approximately 295 'sexually dangerous persons' currently housed in DOC facilities to the jurisdiction of the DMH is also recommended, assuming the result would be a more cost-effective delivery of treatment with potential reimbursement otherwise not available when held in DOC's custody. Given the stigma associated with this population, transferring of these 'sexually dangerous persons' may prove difficult. However, the projected bedspaces (approximately 671) of *all* civil commitments would add an additional 46% to DOC's estimated bedspace shortfall. The bedspace projections for the sex offender treatment population, including the civil commitments are summarized in Table 5.1-37.

Table 5.1-37 Special Treatment Bedspace Needs for Sex Offender Population

	2009 ADP	2020 Bedspace Need
Sex Offenders - criminal sentences	332	353
Sexually Dangerous - civil commitments	295	247
Combined Total Beds	627	599

Source: Carter Goble Lee; June 2009

Criminal offenders 2008 ADP includes 1/3 of NCCI's ADP

Currently the majority of sex offenders (those in the Core Treatment Program) and all the sexually dangerous civil commitments are housed at the Massachusetts Treatment Center which recorded 579 beds in 2008, 48 beds below the ADP. With a CMP Baseline Capacity of 417 and a Potential Capacity of 557, MTC has limited capacity for growth. Absent the successful reallocation of the civilly committed population to DMH, the bedspace need increases to approximately 599 special treatment bedspaces.



Components of the Recommended Plan

The approach to sex offender treatment is diverse between states. In some instances, sex offenders involved in intensive treatment are removed from the general population and located in a therapeutic community while other jurisdictions integrate the offenders with the general population, but offer separate, specialized treatment programs. Based on the treatment phase, the DOC separates some offenders while integrating others into the general population. As the Special Treatment population in the context of the CMP includes only those in the Core Treatment Program, these offenders are assumed to continue to be housed and treated apart from the general population.

The CMP does not recommend a single best approach but suggests that the need for specialized sex offender treatment will involve approximately 599 bedspaces. Depending on whether the civil commitments are transferred, the bedspace need and approach could vary. Three possible approaches to housing and treating these populations include:

4. Reuse existing facilities:

Continue to use all of the existing Massachusetts Treatment Center (MTC) for specialized sex offender programming. MTC has a Potential Capacity of 557 bedspaces, of which a portion (353) could be devoted to the specialized sex offender treatment housing, leaving the remaining 204 beds for other specialized treatment programming. If civil commitments remain in DOC's care, they would continue to occupy a portion of MTC, however by 2020 there would be a shortfall of approx. 42 bedspaces.

5. Build into new facilities:

To provide the projected bedspaces of 353 sex offenders (and 247 civilly committed if required) into the proposed new DOC medical/mental health facilities that would increase their proposed size. Another option is to build a new facility for this population.

6. Combined repurposing and new facilities/ expansions:

Repurpose and expand Bridgewater State Hospital (258 Potential Capacity beds) site for criminally sentenced sexual offenders (and civil commitments if required), allowing the repurposing of MTC as a medium custody facility for general population inmates.

While Sheriffs incarcerate sex offenders on a pretrial status prior to adjudication and may incarcerate sex offenders through a reentry program before release, Sheriff facilities are not seen to be a part of housing the intensive treatment environments for the sex offenders. The highly specialized nature of sex offender treatment programs, coupled with the concern for locating sex offender facilities argues for the use of existing DOC treatment facilities or the inclusion of the program in one of the proposed medical/mental health facilities.



SUMMARY OF SPECIAL POPULATION BEDSPACE NEEDS

Tables 5.1-38 and 5.1-39 below summarize the bedspace needs for special populations discussed in Part 1 of this Chapter, applying current and proposed classification systems.

Table 5.1- 38 Special Population Bedspace Needs for 2020 - Current Classification

Special Needs Populations - excluding civil commitments	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces Needed	Totals
Women	1,416	924	187	321	1,432
Pretrial	492	924	187	321	1,432
Sentenced Secure Beds (Med & MH beds incl. below)	924				
Pre-release (Incl. in Pre-release count below)	202				
Medical / Mental Health	1,271	-	-	1,271	1,271
Sub-acute Medical - Men	603	0	0	635	635
Sub-acute Medical -Women	32				
Sub-acute Mental Health - Men	603	0	0	635	635
Sub-acute Mental Health-Women	32				
Pre-Release/Reentry	2,597	1,607	520	561	2,687
Men	2,395	1,535	458	447	2,439
Women	202	72	62	114	248
Sex Offenders	353	353	-	-	353
Criminal Sentenced	353	353			353
TOTAL	5,636	2,884	707	2,152	5,742

Notes: Assumes all new sub-acute medical & mental health beds - exist. beds have not been deducted from general capacity counts; Repurposed beds: Women pre-lease @ Barnstable, Berkshire and Bristol; SE Region male general custody surplus repurposed as pre-release; MTC for Sex Offenders

Table 5.1-39 Special Population Bedspace Needs for 2020 - Proposed Classification

Special Needs Populations - excluding civil commitments	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces Needed	Totals
Women	1,376	924	187	319	1,430
Pretrial	492	924	187	319	1,430
Sentenced Secure Beds (Med & MH beds incl. below)	883				
Pre-release (Incl. in Pre-release count below)	242				
Medical / Mental Health	1,271	-	-	1,271	1,271
Sub-acute Medical - Men	603	0	0	635	635
Sub-acute Medical -Women	32				
Sub-acute Mental Health - Men	603	0	0	635	635
Sub-acute Mental Health-Women	32				
Pre-Release/Reentry	4,096	1,607	520	2,012	4,139
Men	3,854	1,535	458	1,861	3,854
Women	242	72	62	151	285
Sex Offenders	353	353	-	-	353
Criminal Sentenced	353	353			353
TOTAL	7,096	2,884	707	3,602	7,192

Notes: Assumes all new sub-acute medical & mental health beds - exist. beds have not been deducted from general capacity counts; Repurposed beds: Women pre-lease @ Barnstable, Berkshire and Bristol; SE Region male general custody surplus repurposed as pre-release; MTC for Sex Offenders



Observations from Tables 5.1-38 and 5.1-39 are outlined below:

- Special populations will require between 5,742 and 7,192 bedspaces by 2020. Of these bedspaces, 2,152 would be new bedspaces in the current classification system and 3,602 in the proposed classification system.
- The proposed classification system scenario requires the addition of more new bedspaces for special populations due to the increase of inmates eligible for pre-release resulting from a less risk-averse system.
- Although the proposed classification requires more pre-release bedspaces than the current classification system, providing these new male pre-release beds would make more existing 'secure' bedspaces available for the large male general custody population.
- Due to locations and types of existing bedspaces, both systems result in bedspaces beyond the projected need. These additional bedspaces are as follows:
 - Current Classification System: approx. 108 bedspaces
 - Women: 63 bedspaces (17 secure and 46 pre-release)
 - Barnstable (4 secure, 2 pre-release)
 - Hampden (17 pre-release)
 - Berkshire (10 secure, 5 pre-release)
 - MCI Framingham /SMCC (3 secure)
 - Bristol (22 Pre-release)
 - Male Pre-release: (45 bedspaces)
 - Central Region
 - Proposed Classification System: 99 bedspaces
 - Women: 99 bedspaces (54 secure and 43 pre-release)
 - Barnstable (4 secure, 1 pre-release)
 - Hampden (17 pre-release)
 - Berkshire (10 secure, 4 pre-release)
 - MCI Framingham /SMCC (42 secure)
 - Bristol (21 Pre-release)



Part 2: General Custody

As discussed in the Part 1 of this Chapter, the greatest need in the Commonwealth's correctional system is for special needs population bedspaces. These bedspaces are for offenders that are excluded from the large male general population for any number of reasons including gender, illness, vulnerability, treatment needs, and pre-release preparation. Due to the shortage of these bedspaces in the system currently, most of the capital funds in this plan are focused on meeting the incarceration requirements of the special needs populations. By removing the special populations from general custody facilities, facility operations can be more efficient, additional bedspaces can be made available for the general custody populations within existing facilities, and special needs populations can be addressed more cost-effectively and more efficiently in specialized and consolidated facilities.

General custody embraces all levels of security classification from minimum to maximum. In the context of the CMP, general custody also includes inmates that must be segregated due to behavior and disciplinary reasons. While these high-risk, difficult-to-manage inmates are often characterized as "special management", within the context of the CMP, these inmates are accounted for within the general custody category. General custody, for purposes of this discussion, includes the general population of sentenced male inmates and pretrial male detainees (excluding civil commitments, pre-release, sex offender treatment population, and inmates requiring sub-acute medical or mental health care).

Planning Basis

Depending on the classification system applied, male general custody bedspaces will represent between 74% and 79% of the system's total bedspaces in 2020. The determination of the general custody bedspace requirements was based on the following basic steps:

1. Bedspace Need:
 - a. Determine the total estimated bedspace need by 2020, broken down by jurisdiction.
 - b. Establish the bedspace needs for civil commitments and special needs offenders (women, sub-acute medical and mental health, pre-release and sex offenders).
 - c. Subtract the special needs population bedspaces from the total projected bedspace need in order to determine the general custody bedspace need.
2. Bedspace Capacity:
 - a. Establish the CMP Baseline Capacity and Potential Capacity for existing facilities by jurisdiction and custody level.
3. Bedspace Shortfall:
 - a. Calculate bedspace shortfalls by jurisdiction, region, and custody level.

The 2020 estimated total bedspace need was calculated (discussed in Chapter 1) and special needs populations disaggregated (discussed in Part 1 of this Chapter), applying the current classification system as well as a proposed classification system. As previously noted, the classification system has a significant impact on the type of bedspace needs. Tables 5.2.1 and 5.2.2 summarize these results.

The total bedspace need for sentenced inmates and pretrial detainees is almost 27,000 bedspaces, excluding civil commitments. Special needs bedspaces comprising of women beds, medical sub-acute beds, mental health sub-acute



Chapter 5

beds, sex offenders and pre-release bedspaces total 5,636 if the current classification system is applied and 7,096 under the proposed classification system, the difference a result of more pre-release beds in the proposed classification system. The resulting need for male general custody 'secure beds' in 2020 is projected to range from 19,895 bedspaces to 21,355 bedspaces, a difference of almost 1,500 (1,460) secure bedspaces.

**Table 5.2-1 Total Male General Custody Bedspace Need
Current Classification**

Type Bedspace	2020 Bedspaces
Total Bedspace Need for Pretrial and Sentenced Populations (excludes Acute Care & Civil Commitments)	26,991
Special Needs Bedspace Needs (Includes Women, Sub-acute Medical & Mental Health, Pre-release, and Sex Offenders)	-5,636
Male General Custody Secure Beds (excludes Pre-release)	21,355

**Table 5.2-2 Total Male General Custody Bedspace Need
Proposed Classification**

Type Bedspace	2020 Bedspaces
Total Bedspace Need for Pretrial and Sentenced Populations (excludes Acute Care & Civil Commitments)	26,991
Special Needs Bedspace Needs (Includes Women, Sub-acute Medical & Mental Health, Pre-release, and Sex Offenders)	-7,096
Male General Custody Secure Beds (excludes Pre-release)	19,895

The total estimated bedspace need of 26,991 (27,662 with civil commitments) is disaggregated in Tables 5.2-3 and 5.2.4 by jurisdiction and bedspace type. The bedspace needs are assigned based on jurisdictional responsibility. In other words, bedspace needs are based on populations assigned to the responsible jurisdiction and not necessarily where they are currently being housed. The only exception is the Section 52A's (pretrial detainees who have previously served a State sentence), who are considered under the jurisdiction of Sheriff departments but have been included in the DOC pretrial bedspace needs in the following tables. Subsequent tables distribute these detainees to respective Sheriff departments.

With the total estimated bedspace need constant, these tables illustrate the shift in the type of bedspace needs resulting from classification. As more inmates are classified for pre-release, the need for 'secure' bedspaces reduces. Secure bedspaces are pretrial and sentenced beds within the secure perimeter. The focus of this section includes the pretrial and general population secure bedspace needs.

**Table 5.2-3
Disaggregation of 2020 Bedspace Needs by Jurisdiction – Current Classification**

	Pretrial (52A's in DOC)	Sentenced							Pre-Release (DOC 16.5% ; Sheriffs 22%)	Total Sentenced	Total Secure Beds: Sentenced and Pretrial	Total CMP Housing Sentenced + Pretrial	Civil Commitments				Total CMP Housing w/ civil commitments	Medical / MH Acute Care Bedspace Need
		Secure Beds					Substance Abuse	Mentally Ill					Sexually Dangerous	Total Civil Commitments				
		General Population	Mental Health Sub-Acute Beds	Medical Sub-Acute Beds	Sex Offenders in Treatment	Total Secure Sentenced Beds												
DOC																		
Men	295	9,416	391	391	353	10,552	338	10,889	10,846	11,184	166	242	247	654	11,838	112		
Women		306	12	12		330	16	346	330	346	17	-	-	17	363	3		
Subtotal	295	9,722	404	404	353	10,881	354	11,235	11,176	11,530	183	242	247	671	12,201	115		
Sheriffs																		
Men	4,774	6,870	212	212	0	7,293	2,057	9,351	12,068	14,125					14,125	141		
Women	492	618	20	20	0	658	186	844	1,151	1,336					1,336	13		
Subtotal	5,267	7,488	232	232	-	7,952	2,243	10,194	13,218	15,461					15,461	155		
Total Men	5,069	16,286	603	603	353	17,845	2,395	20,240	22,914	25309	166	242	247	654	25,963	253		
Total Women	492	924	32	32	-	988	202	1,190	1,480	1682	17	-	-	17	1,700	17		
Totals	5,561	17,209	635	635	353	18,833	2,597	21,430	24,394	26,991	183	242	247	671	27,662	270		



Chapter 5

Table 5.2-4
Disaggregation of 2020 Bedspace Needs by Jurisdiction – Proposed Classification

	Pretrial (52A's in DOC)	Sentenced							Total Secure Beds: Sentenced and Pretrial	Total CMP Housing Sentenced + Pretrial	Civil Commitments				Total CMP Housing w/ civil commitments	Medical / MH Acute Care Bedspace Need
		Secure Beds					Pre-Release (DOC 16.5% ; Sheriffs 22%)	Total Sentenced			Substance Abuse	Mentally Ill	Sexually Dangerous	Total Civil Commitments		
		General Population	Mental Health Sub-Acute Beds	Medical Sub-Acute Beds	Sex Offenders in Treatment	Total Secure Sentenced Beds										
DOC																
Men	295	7,957	391	391	353	9,092	1,797	10,889	9,387	11,184	166	242	247	654	11,838	112
Women		265	12	12		290	57	346	290	346	17			17	363	3
Subtotal	295	8,222	404	404	353	9,382	1,853	11,235	9,677	11,530	183	242	247	671	12,201	115
Sheriffs																
Men	4,774	6,870	212	212	0	7,293	2,057	9,351	12,068	14,125	0	0	0	-	14,125	141
Women	492	618	20	20	0	658	186	844	1,151	1,336	0	0	0	-	1,336	13
Subtotal	5,267	7,488	232	232	-	7,952	2,243	10,194	13,218	15,461	-	-	-	-	15,461	155
Total Men	5,069	14,827	603	603	353	16,386	3,854	20,240	21,455	25309	166	242	247	654	25,963	253
Total Women	492	883	32	32	-	948	242	1,190	1,440	1682	17	-	-	17	1,700	17
Total	5,561	15,710	635	635	353	17,334	4,096	21,430	22,895	26,991	183	242	247	671	27,662	270

In order to understand the implications on a regional basis and to compare bedspace capacity at facilities, Tables 5.2-5 and 5.2-6 summarize Sheriff bedspace needs by regions, including the transfer of DOC step-down inmates into Sheriff facilities and the removal of sub-acute medical and mental health needs inmates out of Sheriff facilities to separate regional facilities. Section 52A's are also distributed into Sheriff facilities based on historical trends. The majority of 52A detainees historically come from Suffolk County, followed by Middlesex County and Worcester County. Smaller numbers of 52A detainees have historically come from Norfolk, Bristol, and Plymouth Counties.

Table 5.2-5
2020 Bedspace Male Bedspace Needs by Jurisdiction – Current Classification

	Pretrial 2020	Jurisdictional Sentenced Beds 2020 (incl. special needs)	Sheriff Pre-Release Beds 2020	DOC Step-down 2020	Total Pre-release Beds 2020	Regional Sub-acute Medical & MH Beds (incl. DOC Stepdown)	Sex Offenders	Sentenced Secure General Population Beds 2020	Pretrial 52A's	General Custody 2020 (incl. Pretrial)	Total Secure + Pre-release 2020 (excl. special populations)
Essex	723	1,380	304	28	332	65		1,014		1,737	2,069
Suffolk	656	1,680	370	86	455	76		1,240	168	2,064	2,519
Northeast Region	1,379	3,061	673	114	787	141		2,254	168	3,801	4,588
Middlesex County	438	1,022	225	39	264	47		754	94	1,286	1,550
Norfolk County	279	491	108	14	121	24		360	3	641	763
Worcester County	616	923	203	36	240	49		674	24	1,313	1,553
Central Region	1,333	2,436	536	89	625	119		1,787	121	3,241	3,866
Barnstable County	170	352	77	7	84	16		259		429	513
Bristol County	604	770	169	27	196	43		559	3	1,166	1,363
Dukes County	2	33	7	0	7	1		25		27	34
Plymouth County	248	719	158	21	179	30		532	3	783	962
Southeast Region	1,024	1,875	412	55	467	91		1,375	6	2,405	2,872
Berkshire County	113	284	63	5	68	12		210		322	390
Franklin County	91	173	38	2	40	8		127		218	258
Hampden County	783	1,194	263	45	307	62		872		1,655	1,962
Hampshire County	52	328	72	3	76	12		245		296	372
West Region	1,038	1,979	435	55	491	94		1,453	0	2,491	2,982
DOC	949	10,889		24	24	761	353	9,416		9,416	9,440
TOTALS	5,723	20,240	2,057	338	2,395	1,207	353	16,286	295	21,355	23,749

Note: DOC pretrial column includes civil commitments and Section 52A's



Chapter 5

Table 5.2-6
2020 Male Bedspace Needs by Jurisdiction – Proposed Classification

	Pretrial 2020	Jurisdictional Sentenced Beds 2020 (incl. special needs)	Sheriff Pre-Release Beds 2020	DOC Step-down 2020	Total Pre-release Beds 2020	Regional Sub-acute Medical & MH Beds (incl. DOC Stepdown)	Sex Offenders	Sentenced Secure General Population Beds 2020	Pretrial 52A's	General Custody 2020 (incl. Pretrial)	Total Secure + Pre-release 2020 (exl special populations)
Essex	723	1,380	304	151	455	74		1,014		1,737	2,192
Suffolk	656	1,680	370	456	826	102		1,240	168	2,064	2,890
Northeast Region	1,379	3,061	673	607	1,281	176		2,254	168	3,801	5,082
Middlesex County	438	1,022	225	208	433	58		754	94	1,286	1,720
Norfolk County	279	491	108	72	180	28		360	3	641	821
Worcester County	616	923	203	194	397	60		674	24	1,313	1,710
Central Region	1,333	2,436	536	474	1,010	146		1,787	121	3,241	4,251
Barnstable County	170	352	77	36	113	18		259		429	543
Bristol County	604	770	169	144	313	51		559	3	1,166	1,479
Dukes County	2	33	7	0	7	1		25		27	34
Plymouth County	248	719	158	111	270	37		532	3	783	1,053
Southeast Region	1,024	1,875	412	291	703	107		1,375	6	2,405	3,109
Berkshire County	113	284	63	29	91	14		210		322	414
Franklin County	91	173	38	11	49	9		127		218	267
Hampden County	783	1,194	263	237	500	76		872		1,655	2,155
Hampshire County	52	328	72	18	90	13		245		296	386
West Region	1,038	1,979	435	295	730	111		1,453	0	2,491	3,221
DOC	949	10,889		129	129	666	353	7,957		7,957	8,086
TOTALS	5,723	20,240	2,057	1,797	3,854	1,207	353	14,827	295	19,895	23,749

Note: DOC pretrial column includes civil commitments and Section 52A's

For Sheriff departments, the general custody bedspace needs are the same in both DOC classification scenarios; only the pre-release / DOC step-down bedspace needs increase by almost 1,500. The DOC's general custody bedspace need decreases by the same 1,500 bedspace needs.

With the 2020 general custody bedspace needs defined, a comparison of CMP Baseline and Potential Capacity for existing facilities is required in order to assess bedspace shortfalls. Since male general custody bedspaces, in the context of the CMP, include all custody levels except pre-release, evaluating male general custody bedspace capacity in Sheriff facilities is fairly straightforward as units within Sheriff facilities, in large part, are operated at whatever custody levels required by their current population. To assess Sheriff general custody capacity, only the subtraction of pre-release bedspace capacity and women bedspace capacity is the required. However, since each DOC facility is classified at a specific custody level, evaluation of the capacity at each custody level within the DOC is required prior to assessing the projected bedspace shortfalls.

Table 5.2-7 illustrates the current disaggregation of bedspaces by custody levels, including Current Beds, CMP Baseline Capacity, and Potential Capacity for each custody level. Sex offender bedspaces have been excluded.

Table 5.2-7
Existing Male DOC Bedspace Capacity by Custody Level

Male Bedspaces only	Current Beds		CMP Baseline Capacity		Potential Capacity	
Custody Level	Bedspace Count	% of Total Male Bedspaces	Bedspace Count	% of Total Male Bedspaces	Bedspace Count	% of Total Male Bedspaces
Maximum Custody	1,975	19%	1,531	25%	2,869	35%
Medium Custody	6,699	66%	3,425	57%	4,319	47%
Minimum Custody	1,018	8%	838	11%	1,036	10%
Minimum/Pre-Release Custody	647	7%	450	7%	608	8%
Male DOC Beds	10,339	100%	6,244	100%	8,832	100%



As Table 5.2-7 illustrates, the greatest reduction of DOC male bedspaces in the CMP Baseline Capacity occurs in the Medium Custody level (-3,274 bedspaces). Although there are opportunities to increase Potential Capacity in all custody levels [Maximum Custody bedspaces (+1,338), Medium (+894), Minimum (+198) and Minimum / Pre-release (+158)], even with potential capacity improvements the greatest reduction in DOC's current beds will occur in Medium Custody bedspaces. In part, this analysis indicates that the current bedspaces in the Medium Custody facilities are most deficient with respect to the CMP Baseline Capacity criteria of unencumbered cell space, dayroom area per inmate and plumbing fixture counts.

Table 5.2-8 illustrates the breakdown of DOC's existing Male General Custody and pre-release bedspaces at each facility. Special population bedspaces have been excluded. Virtually all DOC male custody facilities have a reduced CMP Baseline Capacity (except OCCC Minimum) although half of the facilities can gain beds with potential capacity improvements. Considering only general custody bedspaces (excluding Minimum/Pre-release) only 5 male custody facilities have the greater potential capacity than current beds, one Maximum Custody (Souza Baronowski), MCI Shirley Medium and three Minimum (MCI Plymouth, MCI Shirley and NCCI). In other words, although there are opportunities in DOC facilities to increase capacity without the addition of new beds, there will still be a reduction in current capacity.

Table 5.2-8
Existing Male DOC Bedspace Capacity by Custody Level and Facility

Facility	ADP 2009	Current Beds		CMP Baseline Capacity		Potential Capacity		Design Capacity 10/2009 (incl. special populations)
		Pre-release Beds	General Custody Beds	Pre-release Beds	General Custody Beds	Pre-release Beds	General Custody Beds	
The Department of Correction								
Maximum Custody								
MCI Cedar Junction	676	-	695		379		565	633
Souza Baranowski Correctional Center	1,243	-	1,280		1,152		2,304	1,024
Sub Total - Maximum Custody	1,919	0	1,975	0	1,531	0	2,869	1,657
Medium Custody								
Bay State Correctional Center	314	-	318		166		166	266
Bridgewater State Hospital	Special population only							
L. Shattuck Hospital Correctional Unit	Special population only							
Massachusetts Treatment Center *	627	-	226		64		204	561
MCI Concord	1,303	-	1,368		595		595	614
MCI Framingham	Special population- women only							
MCI Norfolk	1,511	-	1,472		894		1,074	1,084
MCI Shirley (Medium)	1,198	-	1,547		1,040		1,560	720
North Central Correctional Institute	1,000	-	948		426		450	568
Old Colony Correctional Center	812	-	820		240		270	480
Southeastern Correctional Center	NA	NA	NA		NA		NA	NA
Sub Total - Medium Custody	6,765	0	6,699	0	3,425	0	4,319	4,293
Minimum Custody								
Mass Alcohol & Substance Abuse Center	139	-	236		150		150	236
MCI Plymouth	205	-	250		160		294	151
MCI Shirley (Minimum)	276	-	342		306		370	249
North Central Correctional Institute	30	-	30		30		30	30
Old Colony Correctional Center	156	-	160		192		192	100
Sub Total - Minimum Custody	806	-	1,018	0	838	0	1,036	-
Minimum/Pre-Release Custody								
Boston Pre-Release Center	189	175	-	136		238		150
Northeastern Correctional Center	267	268	-	136		160		115
South Middlesex Correctional Center	Special population- women only							
Pondville Correctional Center	193	204	-	178		210		100
Sub Total - Minimum /Pre-release	649	647	0	450	0	608	0	215
Total Department of Correction	10,139	647	9,692	450	5,794	608	8,224	6,165
Note: *Sex offender beds (353) deducted from MTC bed counts								



Chapter 5

Although most facilities house a single custody level, there are a couple of exceptions. DOC has Minimum Custody and Minimum / Pre-release Custody facilities. Old Colony Correctional Center and MCI Plymouth include some pre-release bedspaces although these facilities in this analysis are classified as Minimum Custody capacity. All of MASAC bedspaces are included as general custody, assuming civil commitments currently housed there would be transferred.

For the DOC, the 9,692 current general custody beds (excluding Minimum /Pre-release) decrease to 5,794 when applying the CMP Baseline Capacity criteria, increasing to 8,224 with potential capacity improvements.

Table 5.2-9 illustrates the breakdown of Sheriff departments' existing bedspaces by facility. Special population bedspaces have been excluded.

Table 5.2-9
Existing Male Sheriff Department Bedspace Capacity by Facility

Facility	ADP 2009 (incl. women)	Current Beds		CMP Baseline Capacity		Potential Capacity		Design Capacity 10/2009 (incl. special populations)
		Pre-release Beds	General Custody Beds	Pre-release Beds	General Custody Beds	Pre-release Beds	General Custody Beds	
Sheriff Departments								
Essex HOC - Middleton	1,185	-	1,371	-	802	-	915	500
Essex-Lawrence Correctional Center	362	340	-	174	-	328	-	135
Suffolk County HOC (W)	1,698	120	1,648	74	893	74	1,314	1,146
Suffolk County Jail (Nashua Street)	713	-	777	-	432	-	442	453
Northeast Region	3,958	460	3,796	248	2,127	402	2,671	2,234
Middlesex County HOC	841	116	1,067	116	568	116	871	874
Middlesex County Jail	369	-	274	-	161	-	161	161
Norfolk County Jail & HOC	647	128	616	64	308	128	330	302
Norfolk Satellite (Braintree)* not in count	-	-						
Worcester County Jail & HOC	1,211	80	1,230	48	764	80	1,090	790
Central Region	3,068	324	3,187	228	1,801	324	2,452	2,127
Barnstable County Correctional Facility(W)	402	-	516	-	356	-	496	300
Barnstable County Correctional Satellite	NA	NA	NA	NA	NA	NA	NA	NA
Bristol County Jail & HOC (excl. ICE Bldg)	1,159	-	1,076	-	773	-	825	360
Bristol County Jail (Ash Street)	180	-	212	-	74	-	74	206
Dukes County Jail & HOC	30	-	38	-	26	-	26	19
Plymouth County Jail & HOC	1,270	-	1,727	-	914	-	1,442	1,140
Southeast Region	3,041	-	3,569	-	2,143	-	2,863	2,025
Berkshire County Jail & HOC (W)	349	-	501	-	452	-	508	288
Berkshire County - Satellite Facility	NA	NA	NA	NA	NA	NA	NA	NA
Franklin County Jail & HOC (W)	268	12	312	12	220	12	316	144
Hampden County Jail & HOC - Ludlow	1,402	76	1,512	138	960	138	960	1,178
Hampden County Correctional Alcohol Ctr.	174	-	182	-	182	-	182	125
Western MA Reg. Women's Corr. Ctr (W)	150							
Hampshire County Jail & HOC (W)	285	46	228	40	256	51	256	248
West Region	2,628	134	2,735	190	2,070	201	2,222	1,983
Total Sheriffs	12,695	918	13,287	666	8,141	927	10,208	8,369
Combined DOC and Sheriffs Total	22,834	1,565	22,979	1,116	13,935	1,535	18,432	14,534

Source: STV and DCAM; January 2009; (W) indicates women bedspaces in facility were excluded from capacities

Table 5.2-9 illustrates that the CMP Baseline Capacity for general custody bedspaces of Sheriff facilities is less than the current bedspaces in all but 2 facilities (Hampden Correctional Alcohol Center and Hampshire Jail & HOC). At those facilities with reduced CMP Baseline Capacity, all but 4 facilities have an increased General Custody Potential Capacity. The facilities with no increase in Potential Capacity include Middlesex County Jail, Bristol County Jail (Ash Street) , Dukes County Jail / HOC and Hampden Co. Jail / HOC. Only 3 facilities, all in the West Region, Berkshire County Jail / HOC, Franklin County Jail / HOC and Hampshire Jail / HOC, have a Potential Capacity greater than the Current Beds.



Bedspace shortfalls can be assessed by comparing the projected bedspace need to the existing bedspace capacity.

For the DOC, considering custody levels for the projected bedspaces is critical in determining shortfalls. Two approaches have been used to illustrate the implications of the classification system not only on the number of DOC step-down beds but also on the other custody level bedspaces. The first approach was to apply the current classification of inmates to the projected bedspaces less the special needs populations.

Table 5.2-10 illustrates the distribution of general custody bedspace need at each custody level based on the current classification system and deducting special needs populations.

Table 5.2-10
Male DOC Bedspace Needs based on Current Classification

DOC Inmate Custody Level	% of Total Male Inmates	Male Bedspace Needs	DOC Male Special Populations	General Custody DOC Male Bedspace Need
Maximum	19.0%	2,069	-157	1,912
Medium	65.9%	7,176	-877	6,299
Minimum	12.0%	1,307	-102	1,205
Pre-Release	3.1%	338	-338	0
Total	100%	10,889	-1,473	9,416

Medical & MH beds were evenly deducted from Maximum, Medium and Minimum

The second approach applied a proposed classification system to the projected bedspaces less the special needs populations. In 2005, the DOC conducted a comprehensive review of the methods used to classify inmates that surveyed over 1,000 inmates. This study resulted in recommendations to the classification system that would enable a substantial shift away from medium custody to the minimum and minimum/pre-release categories. And in fact, the current classification represents the early progress of these recommendations. Although this study began this shift, the results have not been fully realized. This trend, which is also occurring in virtually every state, will have a significant role in re-defining future best use of existing facilities.

Table 5.2-11 illustrates the distribution of bedspace need at each custody level based on the proposed or 'target' classification system.

Table 5.2-11
Male DOC Bedspace Needs based on Proposed Classification

DOC Inmate Custody Level	% of Total Male Inmates	Male Bedspace Needs	DOC Male Special Populations	General Custody DOC Male Bedspace Need
Maximum	16.0%	1,742	-168	1,574
Medium	54.0%	5,880	-818	5,062
Minimum	13.5%	1,470	-149	1,321
Pre-Release	16.5%	1,797	-1,797	0
Total	100%	10,889	-2,932	7,957

Medical & MH beds were evenly deducted from Maximum, Medium and Minimum

While under the current classification system, as shown in Table 5.2-10, the medium custody category reflects 65.9% of the total DOC population, over time, this percentage could decrease to approximately 54%. In contrast, the percentage



Chapter 5

of inmates currently assigned to minimum and minimum/pre-release categories (15.1% total) is projected to increase to approximately 30% of the total inmates under the proposed classification system. The impact on the number of bedspaces required at each custody level is considerable. With a total bedspace need differing by approximately 1,500 additional bedspaces (9,416 - 7,957 = 1,459) with the current classification system, the greatest impact is in medium custody with 1,237 additional beds, followed by maximum with an additional 338 beds. With the current classification system, there would be a need of 116 fewer minimum custody bedspaces than in the proposed classification system scenario.

With the bedspace needs disaggregated by custody level, Tables 5.2-12 and 5.2-13 illustrate the bedspace shortfalls, applying the current and proposed classification systems respectively. Both tables assume DOC step-down into Sheriff facilities, reducing DOC's need for pre-release bedspaces.

Table 5.2-12
DOC Male Bedspace Shortfalls based on Current Classification

Male DOC General Custody Levels	2020 Bedspace Need	Current Bedspace Count	Bedspace Shortfall to Current Beds	CMP Baseline Capacity	Bedspace Shortfall to CMP Baseline	Potential Capacity	Bedspace Shortfall to Potential Capacity
Maximum Custody	1,912	1,975	63	1,531	(381)	2,869	957
Medium Custody	6,299	6,699	400	3,425	(2,874)	4,319	(1,980)
Minimum Custody	1,205	1,018	(187)	838	(367)	1,036	(169)
Male General Custody Beds	9,416	9,692	276	5,794	(3,622)	8,224	(1,192)
Minimum/Pre-Release Custody	24	647	623	450	426	608	584
Totals	9,440	10,339	899	6,244	(3,196)	8,832	(608)

Table 5.2-13
DOC Male Bedspace Shortfalls based on Proposed Classification

Male DOC General Custody Levels	2020 Bedspace Need	Current Bedspace Count	Bedspace Shortfall to Current Beds	CMP Baseline Capacity	Bedspace Shortfall to CMP Baseline	Potential Capacity	Bedspace Shortfall to Potential Capacity
Maximum Custody	1,574	1,975	401	1,531	(43)	2,869	1,295
Medium Custody	5,062	6,699	1,637	3,425	(1,637)	4,319	(743)
Minimum Custody	1,321	1,018	(303)	838	(483)	1,036	(285)
Male General Custody Beds	7,957	9,692	1,735	5,794	(2,163)	8,224	267
Minimum/Pre-Release Custody	129	647	518	450	321	608	479
Totals	8,086	10,339	2,253	6,244	(1,842)	8,832	746

Several observations based on the comparison of the male general custody shortfalls in the DOC resulting from the two classification systems can be summarized below. These shortfalls are a result of the growing general custody population as well as CMP Baseline Capacity reductions.

- With the implementation of potential capacity improvements, the Maximum Custody bedspace need can be met in existing facilities, Souza Baronowski and MCI Cedar Junction, and could result in a surplus. However, program and support spaces need to be considered on a facility basis to confirm the feasibility and determine if additional support space would need to be added. Since this data was collated, MCI Cedar Junction has been designated as a Reception and Diagnostic Center. As a result, all bedspaces included in the table above may not be available to house Maximum Custody inmates. Even excluding MCI Cedar Junction's bedspaces from the Maximum Capacity (695 current beds, 379 CMP Baseline Capacity, 565 Potential Capacity), there will be adequate maximum custody bedspaces in 2020.



Chapter 5

- In both classification systems, with and without potential capacity improvements, there will be a Medium Custody bedspace shortfall ranging from 743 to 2,874 bedspaces depending on whether potential capacity improvements are feasible and which classification system is applied. The current classification system would result in greater shortfalls.
- Likewise, there will be bedspace shortfalls in Minimum Custody bedspaces in both classification systems, with and without potential capacity improvements, ranging from 169 to 483 bedspaces. Unlike Medium Custody, the greater shortfalls would be experienced under the proposed classification system.
- Pre-release bedspaces, with DOC step-down into Sheriff facilities, would be in surplus in both classification systems, suggesting the repurposing of facilities to minimum custody or a reduced rate of step-down to Sheriff facilities. These DOC facilities could continue to function in their pre-release capacity and house eligible inmates originating from the communities where the facilities are located.

As the national trend is moving towards classification systems that yield a greater percentage of pre-release and minimum custody security levels, one additional analysis was done to assess the impact on DOC male general custody bedspaces should the classification system move farther than the Proposed Classification system illustrated above. Table 5.2-14 illustrates the Male DOC Bedspace Needs based on the alternative target classification system.

Table 5.2-14 DOC Male General Custody Bedspace Needs based on Alternative Target Classification

DOC Inmate Custody Level	% of Total Male Inmates	Male Bedspace Needs	DOC Male Special Populations	General Custody DOC Male Bedspace Need
Maximum	15.0%	1,633	-160	1,473
Medium	44.0%	4,791	-740	4,051
Minimum	24.5%	2,668	-231	2,437
Pre-Release	16.5%	1,797	-1,797	0
Total	100%	10,889	-2,928	7,961

Medical & MH beds were evenly deducted from Maximum, Medium and Minimum

Comparing this alternative target classification in Table 5.2-14 to the proposed classification in Table 5.2-11, the pre-release beds remain basically the same. What is notable, however, is the rather dramatic shift in the other security level bedspace needs; Maximum custody need shifts from 1,574 to 1,473; Medium custody shifts from 5,062 to 4,051; and most dramatically, Minimum custody shifts from 1,321 to 2,437. Table 5.2-15 illustrates the bedspace shortfalls that result from this alternative system.

Table 5.2-15 DOC Male Bedspace Shortfalls based on Alternative Target Classification

Male DOC General Custody Levels	2020 Bedspace Need	Current Bedspace Count	Bedspace Shortfall to Current Beds	CMP Baseline Capacity	Bedspace Shortfall to CMP Baseline	Potential Capacity	Bedspace Shortfall to Potential Capacity
Maximum Custody	1,473	1,975	502	1,531	58	2,869	1,396
Medium Custody	4,051	6,699	2,648	3,425	(626)	4,319	268
Minimum Custody	2,437	1,018	(1,419)	838	(1,599)	1,036	(1,401)
Male General Custody Beds	7,961	9,692	1,731	5,794	(2,167)	8,224	263
Minimum/Pre-Release Custody	129	647	518	450	321	608	479
Totals	8,090	10,339	2,249	6,244	(1,846)	8,832	742



Chapter 5

The most notable impact on bedspace shortfalls resulting from this alternative target system compared to the proposed and current systems is the dramatic increase in the Minimum custody level bedspace shortfall (from a shortfall of 285 to 1,401) that also includes a further increase in the Maximum custody level bedspace surplus (from 1,295 to 1,396) and a reduced shortfall in the Medium custody bedspaces (from a shortfall of 743 to a surplus of 268). Clearly, the impact of the classification system on the future bedspace shortfalls is dramatic and must be factored into the determination of the types of new bedspaces to be built.

For Sheriff departments, the comparison of the general custody bedspace capacity to the projected bedspace need requires the deduction of special needs populations. Table 5.2-16 illustrates male general custody bedspace shortfalls for each Sheriff department, assuming all existing facilities remain in use.

Table 5.2-16 Sheriff Male General Custody Bedspace Shortfalls

Sheriff Departments Male General Custody	2020 Bedspace Need	Current Bedspace Count	Bedspace Shortfall to Current Beds	CMP Baseline Capacity	Bedspace Shortfall to CMP Baseline	Potential Capacity	Bedspace Shortfall to Potential Capacity
Essex County	1,737	1,371	(366)	802	(935)	915	(822)
Suffolk County	2,064	2,425	361	1,325	(739)	1,756	(308)
Northeast Region	3,801	3,796	(5)	2,127	(1,674)	2,671	(1,130)
Middlesex County	1,286	1,341	55	729	(557)	1,032	(254)
Norfolk County	641	616	(25)	308	(333)	330	(311)
Worcester County	1,313	1,230	(83)	764	(549)	1,090	(223)
Central Region	3,241	3,187	(54)	1,801	(1,440)	2,452	(789)
Barnstable County	429	516	87	356	(73)	496	67
Bristol County	1,166	1,288	122	847	(319)	899	(267)
Dukes County	27	38	11	26	(1)	26	(1)
Plymouth County	783	1,727	944	914	131	1,442	659
Southeast Region	2,405	3,569	1,164	2,143	(262)	2,863	458
Berkshire County	322	501	179	452	130	508	186
Franklin County	218	312	94	220	2	316	98
Hampden County	1,655	1,694	39	1,142	(513)	1,142	(513)
Hampshire County	296	228	(68)	256	(40)	256	(40)
West Region	2,491	2,735	244	2,070	(421)	2,222	(269)
Totals	11,939	13,287	1,348	8,141	(3,798)	10,208	(1,731)

Several observations on the Sheriff departments' male general custody bedspace shortfalls for 2020 can be summarized as follows:

- Sheriff departments collectively will have a projected shortfall of 3,798 male general custody bedspaces based on CMP Baseline Capacities that can be reduced to 1,731 with Potential Capacity improvements.
- Based on the CMP Baseline Capacity, the largest shortfall is in the Northeast Region (1,674), followed by the Central Region (1,440), the West Region (421 beds) and the Southeast Region (262 beds).
- Although all regions will experience some bedspace CMP Baseline Capacity shortfalls, 2 Sheriff departments in the Northeast Region outpace others with the largest shortfalls: Essex's 935 bedspace shortfall and Suffolk's 739 bedspace shortfall.
- There are several Sheriffs that will have CMP Baseline Capacity shortfalls around 500 bedspaces each: the next 2 largest shortfalls occur in the Central Region, in Middlesex (557 bed shortfall) and Worcester (549 shortfall). Hampden in the West Region has the next largest shortfall of 513 bedspaces.



- Sheriffs with shortfalls in the 300 bedspace range include Bristol in the Southeast Region (319) and Norfolk (333) in the Central Region. Smaller shortfalls will be in Barnstable (73), Hampshire (40) and Dukes (1).
- Three Sheriffs are expected to have surpluses; Plymouth (+131), Berkshire (+130), and Franklin (+2).
- All but 3 Sheriff departments (Dukes, Hampden and Hampshire) have Potential Capacity increases identified, totaling an additional 2,067 bedspaces.
- There are 5 Sheriff departments with significant identified potential capacity improvements: Plymouth (+528), Suffolk (+431), Worcester (+326), Middlesex (+303) and Franklin (+96). In Plymouth and Franklin, where there are anticipated surpluses without potential capacity improvements, these improvements should be implemented only if those bedspaces can be used to offset the shortfalls in neighboring counties or can be repurposed for pre-release bedspaces. Given that these improvements would be expected to be significantly less costly than building new bedspaces, every effort to gain and use these bedspaces is recommended.

As shown in Tables 5.2-5 and 5.2-6, projected male general custody bedspace need for DOC and Sheriffs combined will range between 19,895 and 21,355, depending on the DOC classification system used to determine pre-release eligibility. This need can be broken down to 11,939 for Sheriffs collectively (including DOC step-down and 52A's) and 9,416 for the DOC under the current system or 7,957 bedspaces under the proposed system.

Projected shortfalls discussed in this section are the result of the projected growth of the Corrections population as well as the reduction in bedspaces resulting from the application of the new evidence-based CMP Baseline Capacity criteria on all existing facilities. As previously outlined, the CMP Baseline Capacity consistently measures capacity across the system to provide a baseline for determining the projection of new bedspaces to be added and the upgrading of existing facilities to similar standards. While the removal of current bedspaces to align with a new capacity definition may not be possible in the short term, the goal of the CMP is to gradually upgrade conditions and reduce general custody overcrowding consistently across the system as new beds are brought on line.

Based on CMP Baseline Capacity, the combined DOC and Sheriff General Custody bedspace capacity is reduced by 9,044, from 22,979 male general custody bedspaces to 13,935 (Table 5.2-9). The reduction to DOC's capacity amounts to 3,898 beds or approximately 40% of its current inventory while the Sheriff's collective reduction totals 5,146 or 39% of their collective current inventory.

Potential capacity improvements can possibly add 4,497 general custody male bedspaces to the system's CMP Baseline Capacity, 2,430 in DOC facilities (Table 5.2-8: 8,224 – 5,794) and 2,067 in Sheriffs facilities (Table 5.2-9: 10,208 – 8,141), resulting in a DOC capacity that is 85% of the current beds and 77% of the Sheriffs' collective current beds. As previously discussed, the special needs populations have been disaggregated from this general custody bedspace needs analysis. As facilities for these special population bedspaces are added to the system, inmates currently housed in general custody bedspaces will be relocated to relieve overcrowding, improve programming, and gain efficiencies.

A basic premise of the CMP is the removal of federal inmates currently housed in Sheriff facilities from the system. These populations have *not* been included in the 2020 bedspace projections. Although the gradual removal of these federal inmates may result in potential funding gaps for selected sheriffs in the short term, their removal will be critical to the Commonwealth's ability to address overcrowding while minimizing the capital investment required to build yet more bedspaces.



Components of the Recommended Plan

Total general custody bedspaces for 2020 including the DOC and Sheriffs are summarized in Tables 5.2-17 and 5.2-18. These tables combine general custody bedspaces by region *which assumes that in the Southeast and West Regions, surplus beds in one county would be used to offset a shortfall in another county in the same region.* Although not be feasible in all locations, the estimate serves as a starting point in determining where new bedspaces are needed. In fact, with surpluses in the Southeast Region, the repurposing of approximately 458 general custody beds for pre-release is recommended and bedspaces have been deducted accordingly in the tables below.

The major differences between these tables is the number of DOC's medium and minimum bedspaces as a result of classification, necessitating the repurposing of approximately 957 to 1,295 maximum beds for medium custody and 552 medium for minimum. Total new bedspaces to meet 2020 male general custody bedspace needs will range between 3,366 and 2,174 should the proposed classification system shift more inmates to pre-release beds.

Table 5.2-17 Male General Custody Bedspaces – Current Classification

General Custody Types	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces	Totals
DOC					
Maximum	1,912	2,869	(957)		1,912
Medium	6,299	4,319	957	1,023	6,299
Minimum	1,205	1,036		169	1,205
DOC TOTALS	9,416	8,224	0	1,192	9,416
Sheriffs					
Northeast Region	3,801	2,671		1,130	3,801
Central Region	3,241	2,452		789	3,241
Southeast Region*	2,405	2,405		0	2,405
West Region	2,491	2,222	14	255	2,491
Sheriff TOTALS	11,939	9,750	14	2,174	11,939
TOTAL	21,355	17,974	14	3,366	21,355

Excludes special population beds at MASAC, MTC, Bridgewater, Shattuck; Repurposed beds are exist. women beds in Franklin & Hampshire, Maximum to Medium; Exist. Maximum beds may be less due to MCI Cedar Junction conversion; * 458 general custody beds to be repurposed for Pre-release

Table 5.2-18 Male General Custody Bedspaces – Proposed Classification

General Custody Types	Total Bedspaces Needed for 2020	Existing Potential Capacity Bedspaces	Repurposed Existing Potential Capacity Bedspaces	New Bedspaces	Totals
DOC					
Maximum	1,574	2,869	(1,295)		1,574
Medium	5,062	4,319	1,295	-552	5,062
Minimum	1,321	1,036	552	-267	1,321
DOC TOTALS	7,957	8,224	552	(267)	7,957
Sheriffs					
Northeast Region	3,801	2,671		1,130	3,801
Central Region	3,241	2,452		789	3,241
Southeast Region*	2,405	2,405		0	2,405
West Region	2,491	2,222	14	255	2,491
Sheriff TOTALS	11,939	9,750	14	2,174	11,939
TOTAL	19,895	17,974	566	2,174	19,895

Excludes special population beds at MASAC, MTC, Bridgewater, Shattuck; Repurposed beds are exist. women beds in Franklin & Hampshire, 1,295 Maximum to Medium, 348 Medium to Minimum; Exist. Maximum beds may be less due to MCI Cedar Junction conversion; * 458 SE general custody beds to be repurposed for Pre-release



With the eventual decommissioning of the Middlesex Jail, an additional 161 new general custody bedspaces would be required, raising the required new bedspace count for 2020 to 3,527 (from 3,366) and 2,335 (from 2,174).

As per Table 5.2-18, under the proposed classification system DOC will have an anticipated surplus of 267 minimum custody bedspaces as a result of repurposing 552 medium custody bedspaces to minimum. Repurposing the surplus minimum beds to pre-release is not needed as the proposed classification system would step-down pre-release inmates to Sheriffs. These surplus beds could allow for the demolition of wood modular units. *With a more aggressive DOC step-down program, the implementation of potential capacity improvements, and the addition of special population bedspaces, new DOC male general custody bedspaces (maximum, medium, and minimum custody levels) would not be required. Instead, improvements to the existing DOC facilities should be the focus.*

Should civil commitments not be reassigned to other agencies, approximately 654 additional bedspaces could be needed; 247 bedspaces for sexually dangerous persons, and 166 bedspaces for alcohol and substance abuse, and 242 bedspaces for mentally ill civil commitments. Bedspaces in Bridgewater State Hospital (BSH) (potential capacity = 258) have not been included in the Potential Capacity calculation as BSH will need to be maintained until more appropriate mental health sub-acute care facilities are added to the system. As BSH is not well suited for its current use, the 258 potential capacity bedspaces could be repurposed to accommodate sex offenders or as general custody bedspaces.

Impact of Replacing Modular Wood Housing

As previously discussed, the analysis on bedspace shortfalls did not include the removal of existing structures from the inventory. Given the magnitude of need and the resulting shortfalls, the system cannot afford to decommission structures, with the exception of the Middlesex Jail. However, some of the most vulnerable structures in the system are the modular wood structures. These structures were intended to be temporary facilities but have remained in use well beyond their expected life span. Since most the modular wood housing units are DOC facilities, the impact on the DOC's general custody bedspace capacity has been outlined in Table 5.2-19. (A modular wood unit exists at MCI Framingham for women bedspaces but is not included below.)

Table 5.2-19 DOC Male General Custody Bedspaces in Existing Wood Modular Structures

Facility	Region	Date Built	Condition	Current Beds	CMP Baseline Capacity	Potential Capacity
Medium Custody						
Bay State Correctional Center	Central	1990	Good	152	64	64
MCI-Concord	Central	1996	Poor	140	96	96
MCI-Norfolk	Central	1980	Fair	104	108	108
North Central Correctional Institute- Medium	Central	1980	Good	80	56	56
Total - Medium Custody Wood Modulares				476	324	324
Minimum Custody						
Old Colony Correctional Center Minimum	Southeast	late 1980's	Good/Fair	55	60	60
MCI-Shirley Minimum	Central	1986	Fair	50	64	128
Total - Minimum Custody Wood Modulares				105	124	188

Table 5.2-19 illustrates that the eventual replacement of these modular structures would require the addition of approximately 512 more beds (potential capacity) not included in the previous analysis. Although the majority of these are medium custody bedspaces, some of the older units in the worst condition are minimum custody. Eventually, the replacement of all these structures will be required. Should the proposed classification system be implemented, the anticipated surplus of 267 minimum custody beds could be used to replace some of these beds.



A Regional Plan / Phasing of the Recommended Plan

From a financial perspective, the Commonwealth must explore meeting future bedspace needs by constructing new bedspaces on a multi-jurisdictional basis. No legal barriers exist that prevent several jurisdictions from sharing a common facility as this practice occurs at the present time. In addition, there are no statutory barriers to DOC and county sentenced inmates sharing facilities. As the Commonwealth responds to the projected shortfall, the CMP assumes that this shared approach is not only viable, but essential to meet the bedspace needs over time.

While the proposed grouping of existing facilities into regions is effective to locate future bedspaces required for Sheriff facilities, this is not necessarily true for the DOC since the bedspace needs are based on custody level and not necessarily tied to location. Many factors must be addressed in the selection of sites for future facilities, but the proposed plan is based on maintaining a balance of facilities in locations close to the major population centers that contribute to the inmate populations.

Critical conclusions that drive the CMP for male general custody bedspaces are outlined as follows.

DOC:

- **Maximum Custody**

Bedspace Need in 2020 by classification: (*Current = 1,912; Proposed = 1,574; Alternative = 1,473*)

Regardless of the classification system applied, this bedspace need can be addressed in existing facilities. In fact, bedspace surpluses are anticipated ranging from 1,396 to 957 bedspaces, depending on the degree of re-classification implemented. Since this analysis was completed, MCI Cedar Junction was repurposed as a Reception Center and the number of bedspaces allotted for maximum custody inmates is not clear. However, MCI Cedar Junction's Potential Capacity of 581 may not be needed. Any surplus of maximum custody beds beyond the 2020 need are recommended to be repurposed as medium custody bedspaces.

Therefore, the CMP does not recommend the addition of any maximum custody beds. However, program and support spaces as well as ADA compliance should be reviewed at Souza Baronowski to confirm that an increase in the number of inmates long term is possible.

- **Medium Custody**

Bedspace Need in 2020 by classification: (*Current = 6,299; Proposed = 5,062; Alternative = 4,051*)

The impact of the classification system is dramatic as the shift in the percentage of medium custody bedspaces goes from the current system's 65.9%, to the proposed system's 54%, and finally to the alternative system's 44%.

Medium custody bedspace shortfalls in both the current and proposed classification scenarios are anticipated, ranging from 1,980 to 743 respectively even after potential capacity improvements and the inclusion of bedspaces used for civil commitments at MTC. With the repurposing of surplus maximum custody beds, these shortfalls can be reduced to 1,023 (1,980 less 957) in the current system and result in a 552 bedspace surplus (1,295 less 743) in the proposed system. Although a dramatic transition from the current system, the alternate classification system could result in a medium custody bedspace surplus even without repurposing maximum custody bedspaces, further illustrating the impact of the classification system on bedspace need.

Additionally, the impact of the eventual decommissioning modular wood housing units will have the greatest impact on the medium custody bedspaces (-324 bedspaces).



Determining the rate at which this shift in bedspace will occur is difficult because classification reform is an ongoing process that requires time and reforms at multiple levels.

Because the re-classification could result in a bedspace surplus, the CMP recommends the implementation of potential capacity improvements in existing facilities as a first step. New medium custody male bedspaces should be added in a multi-jurisdictional facility that would allow flexibility of use by multiple jurisdictions, including Sheriffs.

- **Minimum Custody**

Bedspace Need in 2020 by classification: (Current = 1,205; Proposed = 1,321; Alternative = 2,437)

Similar to medium custody, the impact of the classification system is dramatic as the shift in the percentage of minimum custody bedspaces goes from the current system's 12%, to the proposed system's 13.5%, and finally to the alternative system's 24.5%.

Minimum custody bedspace shortfalls in 2020 are anticipated to be in the range of 169 (current) to 285 (proposed) to 1,401 (alternative) after the implementation of potential capacity improvements and including MASAC's 150 potential capacity bedspaces. However, there are two scenarios that can mitigate these minimum custody bedspaces shortfalls without the addition of new bedspaces.

- As shown in Table 5.2-18, under the proposed classification system the repurposing 552 medium custody bedspaces to minimum custody bedspaces would result in an anticipated surplus of 267 DOC minimum custody bedspaces instead of a shortfall.
- With a less risk-averse classification system and a more aggressive DOC step-down program, the eventual repurposing of DOC's Minimum/pre-release bedspaces into Minimum bedspaces could address the anticipated shortfalls of the current and proposed scenarios.

As discussed in the Pre-release section of this Chapter (Tables 5.1-32 and 5.1-33), with the implementation of a system-wide DOC step-down program, there will be an anticipated surplus of approximately 479 - 584 DOC's Minimum / Pre-release bedspaces that can be used to house DOC pre-release inmates that would otherwise be transferred to Sheriff facilities. In fact, in the current classification system, the Central Region would have a surplus of 45 pre-release bedspaces. Because the shift to classifying more DOC inmates for pre-release must occur to completely utilize these DOC bedspaces, the DOC could use these bedspaces for minimum custody in the short term.

With the implementation of classification reform, additional pre-release facilities run by Sheriffs in communities should be built or leased to assist in moving inmates into lower custody levels, providing better connections to community services.

The CMP recommends potential capacity improvements for DOC's Minimum Custody bedspaces.

Sheriffs:

- When comparing the total general custody bedspace needs for 2020 (11,939) to the current beds, there will be a cumulative surplus of 1,348 beds. By applying the CMP Baseline Capacity criteria, there will be a shortfall of 3,798 that can be reduced to 1,731 with targeted capacity improvements. This cumulative shortfall will increase to 2,189 with the potential repurposing of 458 excess general custody bedspaces in the Southeast Region to pre-release beds.



Chapter 5

- With potential capacity improvements, the greatest shortfall will be in the Northeast Region (1,130) followed by the Central Region (789) and the West Region (269). However, with the decommissioning of the Middlesex Jail, the Central region's shortfall increases to 950. The Southeast Region's approximately 458 bedspace surplus is recommended to be repurposed as pre-release beds for that region (Currently there are no pre-release beds reported in the Southeast Region).
- The 2,189 shortfall (1,731 + 458) in general custody bedspaces across all regions in addition to the 161 bedspaces at Middlesex Jail to be taken off line results in a 2,350 bedspace shortfall, assuming no other Sheriff facilities are decommissioned.
- As previously outlined in Tables 5.2-17 and 5.2-18, the total *new* male general custody bedspaces required to meet the needs in 2020 range from 2,174 to 3,366, increasing to 2,335 and 3,527 with the decommissioning of the Middlesex Jail. In order to begin to address these shortfalls, a regional approach which includes multi-jurisdictional facilities is recommended.

The CMP recommends meeting the needs of pretrial inmates through existing facilities and sentenced inmates through a combination of existing renovated facilities and new regional multi-jurisdictional facilities. With a total bedspace shortfall of close to 2,400 bedspaces anticipated in 2020, the CMP recommends the addition of new beds in a multi-jurisdictional facility in the first phase to address multiple jurisdictions bedspace needs.

Table 5.2-20 summaries the male general custody bedspace shortfalls by region, including Sheriffs and DOC.

Table 5.2-20 Male General Custody Bedspaces by Region

Jurisdiction	Potential Capacity	2020 General Custody Bedspaces Current Classification			2020 General Custody Bedspaces Proposed Classification		
		Need	Repurposed	Shortfall	Need	Repurposed	Shortfall
Northeast Region	2,671	3,801		(1,130)	3,801		(1,130)
Essex	915	3,801			3,801		(1,130)
Suffolk	1,756						
Central Region**	9,566	11,339		(1,773)	10,084	552	(785)
Middlesex	1,032	3,241		(789)	3,241		(1,056)
Norfolk	330						
Worcester	1,090						
DOC	7,114	8,098		(984)	6,843	552	271
Southeast Region	3,515	3,724	(0)	(208)	3,519	(0)	(4)
Barnstable	496	2,405	(0)		2,405	(0)	
Bristol	899						
Dukes	26						
Plymouth*	984						
DOC	1,110	1,318		(208)	1,114		(4)
West Region	2,222	2,491	14	(255)	2,491	14	(255)
Berkshire County	508	2,491	14		2,491	14	
Franklin County	316						
Hampden County	1,142						
Hampshire County	256						
TOTAL	17,974	21,355	14	(3,366)	19,895	566	(2,174)

Notes: Existing Beds are Potential Capacity; DOC needs split proportionately in Central & SE Regions where existing facilities are located; **267 minimum custody bed surplus in Proposed Class. not applied against new bedspaces; Middlesex Jail Potential Capacity Included @ 161; Repurposed women beds added in Franklin(6) & Hampshire(8) = 14 beds; Excludes pre-release beds and special population beds at MASAC, MTC, Bridgewater, Shattuck; * 458 SE general custody beds repurposed for Pre-release



The dramatic impact of the shift from the current to proposed classification system is of particular note in the Central Region as illustrated in Table 5.2-20. The more dramatic impact in the Central Region is in part due to the location of many DOC male general custody facilities in this region. With the shift to a less risk-averse proposed classification system, DOC step-down inmates would be reassigned to their originating communities in other regions, decreasing the bedspace need in DOC's facilities in this region. Based on the Current Classification System, the Central Region has the largest 2020 bedspace shortfall of 1,773. With the decommissioning of the Middlesex Jail, this shortfall will increase to 1,934. In the proposed classification system, the Central Region's shortfall is reduced due to a greater shift to pre-release bedspaces and the repurposing of 552 medium custody bedspaces for minimum custody. In fact, this repurposing results in a surplus of 267 DOC minimum custody bedspaces (Table 5.2-18). Using these surplus bedspaces for the Central Region pre-release or to enable the decommissioning of wood modular units should be considered.

In the proposed classification system, the Northeast Region has the largest shortfall (1,130). With the decommissioning of the Middlesex Jail, the Central Region's shortfall grows from 785 to 946. Shortfalls in the Southeast Region range from 208 (current) to 4 (proposed) and the West Region (255).

Although the feasibility of achieving the potential capacities must be confirmed, shortfalls based on Potential Capacity represent the maximum capacity achievable within the current facilities after targeted improvements. Because these improvements require further investigation and the transition to a less risk-averse proposed classification system will take time, the CMP recommends the construction of 500 new general custody bedspaces in the Central Region to address the Southern Middlesex Jail need and to meet multiple jurisdictions' male general custody bedspace needs (most notably Norfolk and Worcester Counties).

These 500 new beds are recommended to be built in a new multi-jurisdictional facility as part of Phase 1. Issues of governance, classification, transportation, and operational costs must be addressed in this first project prior to implementing additional multi-jurisdictional facilities.



Part 3: Summary of New Bedspaces by Region

With funding limitations, the Commonwealth cannot afford the status quo and simply build to meet the anticipated need for new bedspaces. In order to meet the challenges in 2020 and beyond, a more integrated, cost-efficient and effective Corrections System that requires collaboration of stakeholders, the DOC and all Sheriff departments, is absolutely essential. Therefore, the CMP recommends a more regional approach to addressing these needs. The total shortfall ranging from 5,500 to 6,000 bedspaces should be addressed on a regional basis rather than responding to each county's individual needs, where possible. Benefits of this shared approach include:

- Adds flexibility to the system as incarcerated populations expand or contract
- Provides critical size of populations for cost-effective programs and services
- Maintains proximity to communities
- Alleviates multiple jurisdictions' overcrowding in consolidated projects
- By consolidating new shared bedspaces, the system can begin to address improving conditions in existing facilities and expanding access to programs.

As this approach is a departure from current practices, many factors must be addressed to ensure the success of this shared approach. The CMP's focus is on capital projects. However, the success of these projects is completely dependent on creating a more integrated system. Therefore, the CMP recommends that working committees including representatives from EOPSS, DOC, Sheriff departments and ANF be convened to collaborate on the following issues to this end:

- Governance of a multi-jurisdictional facility
- Jurisdictional agreements between Sheriffs and DOC
- Transportation / Technology upgrades
- Inmate classification to implement DOC step-down and multi-jurisdictional facilities
- Pre-release / re-entry programs and strategy
- Medical and Mental Health Care issues
- Operational Costs

Tables 5.3-1 and 5.3-2 summarize the new bedspace needs by region for DOC and Sheriffs combined for 2020 using the current and proposed classification systems. These bed counts assume that all CMP Baseline Capacity bedspaces remain as currently purposed. However, in the case of women beds, efficiencies and cost-effective programming may be better realized by housing larger number of women in fewer regional centers. This could result in building more new beds in one location and repurposing existing beds in another location for men.

Table 5.3-1 New DOC & Sheriff Bedspaces by Region – Current Classification

Region	CMP Baseline Capacity	Potential Capacity	New Male General Custody	New Women Beds		New Medical /Mental Health	New Male Pre-release Beds	Total New Beds	Total Beds (Potential Capacity)
				Pre-release	General				
Northeast Region	2,645	3,521	1,130	40	227		147	1,544	5,065
Central Region	7,886	10,879	1,773	62		750	*	2,584	13,463
Southeast Region	3,640	4,688	208	12		520	9	750	5,438
West Region	2,578	2,749	255		94		290	639	3,388
Totals	16,749	21,837	3,366	114	321	1,270	447	5,517	27,354

Note: * denotes Male Pre-release bedspace surplus of 45 beds in Central Region



Table 5.3-2 New DOC & Sheriff Bedspaces by Region – Proposed Classification

Region	CMP Baseline Capacity	Potential Capacity	New Male General Custody	New Women Beds		New Medical /Mental Health	New Male Pre-release Beds	Total New Beds	Total Beds (Potential Capacity)
				Pre-release	General				
Northeast Region	2,645	3,521	1,130	50	226		641	2,047	5,568
Central Region	7,886	10,879	785	85		750	446	2,065	12,944
Southeast Region	3,640	4,688	4	16		520	246	785	5,473
West Region	2,578	2,749	255		93		529	877	3,626
Totals	16,749	21,837	2,174	151	319	1,270	1,861	5,775	27,612

In Tables 5.3-1 and 5.3-2, there are additional bedspaces beyond the projected bedspace need. This is expected and is in large part a result of not being able to fully utilize some existing bedspaces due to their locations or security levels, even with a regional approach. However, excess bedspaces can present an opportunity to consider strategic decommissioning of selected facilities. These surplus bedspaces can be summarized as follows:

- Current Classification System: approximately 366 bedspaces
 - Special Population Bedspaces: approximately 108 bedspaces
 - Women: 63 bedspaces (17 secure and 46 pre-release)
 - Barnstable (4 secure, 2 pre-release)
 - Hampden (17 pre-release)
 - Berkshire (10 secure, 5 pre-release)
 - MCI Framingham /SMCC (3 secure)
 - Bristol (22 Pre-release)
 - Male Pre-release: (45 bedspaces)
 - Central Region
 - Other Bedspaces:
 - Bridgewater State Hospital (258 potential capacity bedspaces)
- Proposed Classification System: approximately 624 bedspaces
 - Special Population Bedspaces: approximately 99 bedspaces
 - Women: 99 bedspaces (54 secure and 43 pre-release)
 - Barnstable (4 secure, 1 pre-release)
 - Hampden (17 pre-release)
 - Berkshire (10 secure, 4 pre-release)
 - MCI Framingham /SMCC (42 secure)
 - Bristol (21 Pre-release)
 - General Custody Bedspaces: approximately 267 bedspaces
 - Minimum Custody DOC bedspaces (267 secure)
 - Other Bedspaces:
 - Bridgewater State Hospital (258 potential capacity bedspaces)

Given that the majority of inmates and detainees in the correctional system fall within the CMP's general custody definition, the largest shortfall is male general custody bedspaces. Although special populations represent a smaller segment of the total population, the lack of these types of bedspaces in the existing system impacts the operations and efficiencies of all facilities.

As the addition of 5,500 new bedspace need cannot be achieved in the first phase of development, the CMP sought to identify the needs that could provide the greatest potential impact to the system as a whole. For the first phase of



development, 1,925 new bedspaces are recommended. As previously discussed, by removing the special needs populations from general custody facilities, facility operations can be more efficient, additional bedspaces can be made available for the general custody populations within existing facilities, and special need populations can be addressed more cost-effectively and more efficiently in specialized and consolidated facilities. A new multi-jurisdictional general custody facility has also been identified for development in Phase 1. As additional pre-release and sub-acute medical and mental health care beds are added to the system, general custody bedspaces will become available to begin to alleviate overcrowding.

Table 5.3-3 below summarizes the recommended Phase 1 new bedspaces.

Table 5.3-3
Recommended Phase 1 New Bedspaces

CMP Phase 1 - Recommended New Beds						
Region	Women Beds		Medical / MH	Male Beds		Total
	Pre-release	General		Pre-release	General	
Northeast Region		225		200		425
Eastern MA Women's Correctional*		225				225
Women Pre-release Beds						0
Male Pre-release				200		200
Central Region		0	500	100	500	1,100
MCI Framingham*		Study				0
New Medical / Mental Health Facility			500			500
Male Pre-release - location TBD				100		100
Women Pre-release Beds						0
Multi-jurisdictional General Custody-TBD					500	500
Southeast Region		0	0	200		200
Male Pre-release -locations TBD				200		200
West Region		100	0	100		200
Western MA Women's Correctional		100				100
Male Pre-release -Hampshire				100		100
Totals		325	500	600	500	1,925

Notes: Beds counts are preliminary and must be assessed in Building Studies; All new women bedspaces may not be feasible at Suffolk HOC site. Additional study of MCI Framingham recommended.

In this strategic plan, the focus has been on the definition of the types of bedspaces that meet the bedspace needs and move the Corrections System towards more integration and efficiency. To this end, with the exception of pre-release beds which are best sited and managed by Sheriffs in their communities, all new bedspaces are considered shared regional beds and /or are to be developed in multi-jurisdictional facilities.

These first phase projects can be considered pilot projects that begin to move the Commonwealth into 2020, addressing the initial overarching goals of the CMP:

- 1) Alleviate crowding
- 2) Reduce recidivism
- 3) Maximize existing resources
- 4) Create a more integrated, efficient and cost-effective system

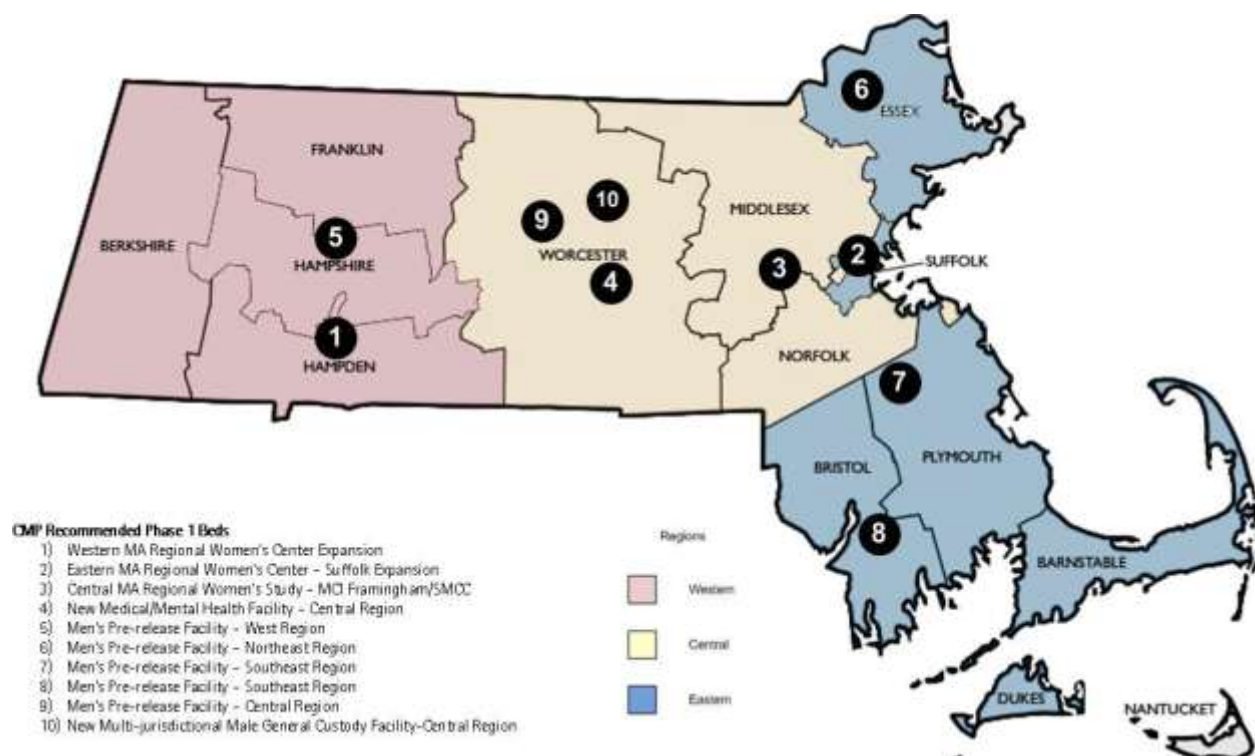
Potential capacity improvements as well as potential expansion of support spaces are also recommended as part of Phase 1 to begin to improve conditions more unilaterally. Repairs and upgrades to existing facilities are also part of



Phase 1 and will be prioritized as discussed in Chapter 2. Bedspace need on a regional basis is also recommended for the implementation of potential capacity improvements.

While regions have been suggested, these have been based more on “organizing the need” than an in depth assessment of existing political and functional relationships between the various jurisdictions. Figure 5.3-1 indicates the general regional locations of all new facilities that are a part of the CMP Phase 1. The feasibility of each identified project must be assessed and final sites / locations of new facilities are still to be determined. The actual number of beds built at any given location is dependent on site specific conditions and operational efficiencies that must be considered in building studies prior to design and construction.

Figure 5.3-1
Phase 1 Recommended New Facility General Locations by Geographic Regions





Part 4: Pre-arraignment Incarceration

Pre-Arraignment in the Commonwealth is different from that of many states. In a majority of counties throughout the USA, an individual arrested is often taken directly to the county pretrial facility for booking and the pre-arraignment and arraignment processes. In some instances, an arrestee may be taken to a police lockup for identification, but soon transferred to the local county facility for booking and the beginning of the arraignment process. In the Commonwealth, local municipal and State Police lockups typically provide holding until the pre-arraignment process is completed. Most arrestees have court appearances within hours of their arrest. However, on nights, weekends and holidays when the courts are not available for arraignment, lockups must hold arrestees for as much as several days and nights. Those arrestees that do not make bail are transferred from a municipal or State Police lock-up to the pretrial county jail in a Sheriff facility.

Many of the 300 local lockups are understaffed and inadequate for holding arrestees beyond a very short timeframe. Furthermore, some towns may not be utilizing their lockups. Most do not have the cells for medical isolation, respiratory isolation, alcohol and/or drug withdrawal, suicide watch or self-protection (restraint). Without facilities for meals preparation, laundry, visiting, day rooms, showers, or medical clinics, these facilities are not equipped to hold arrestees for any significant period of time. Although the financial responsibility for the pre-arraignment process currently rests with the municipalities and the State Police, Sheriff facilities are better equipped to handle the myriad of issues surrounding arrestees who must be held for overnight or on weekends and holidays. With the focus of law enforcement on patrolling and presence in the community, the current practice may not be the most effective and cost- efficient method for the Commonwealth.

Planning Basis

With a focus on a greater use of intervention programs that divert as many as possible from pretrial incarceration through the establishment and funding of both local pretrial intervention and probation and parole supervisory programs, the CMP recommends that over time pre-arraignment responsibilities for arrestees required to be held overnight, on weekends and holidays be transferred to Sheriff departments' pretrial facilities where warranted by regional demand and where facilities can support this responsibility. While recognizing that operational funding, improved collaboration with the Courts and law enforcement, and the increased use of technology is needed to realize this goal, the greater use of the electronic transfer of information, including video arraignments, electronic finger-printing, standardized electronic booking, and electronic tracking of offenders could reduce the need for lockup capacity in many instances, reducing the need for substantial expansion of facilities and transportation vehicles. The statutory requirement that all municipalities of 5,000 or greater maintain lock-ups could be reassessed where regional lockup capacity in Sheriff facilities is possible.

While the only one "official" regional lockup in the Massachusetts Correction System is in Hampshire County (which is only open from 5PM to 7AM), several jails in Sheriff facilities are serving as de-facto regional lockups. In fact, towns with populations under 5,000 currently use Sheriff facilities for detention. The Bristol County Sheriff department is utilizing the Ash Street Jail as a regional lockup, serving 18 of the 20 municipalities within the county. In addition to these two regional lockups, some Sheriffs house pre-arraignment detainees overnight, on weekends and holidays with varying levels of agreements:

- Barnstable – all 15 municipalities and 3 State Police Barracks use the jail as a lockup on an informal basis; Yarmouth is negotiating an agreement for the Sheriff to provide transportation to court for a per diem fee.



Chapter 5

- Berkshire – 24 of the 32 towns use the jail as a lockup based on informal agreements. (Only 7 of 12 local lockups are used for overnight stays.)
- Dukes – all 7 towns on the Vineyard use the jail as lockup. No local lockups exist.
- Essex – all 34 municipalities use the jail in varying degrees. Danvers has a mutual aid agreement with the Sheriff department.
- Franklin – all 26 municipalities use the jail in varying degrees.

Upon review of the jails with reported use as lockups, the only region that does not report use of Sheriff facilities for lockups is the Central Region. As discussed later, this region has the largest number of local lockups. In the Northeast Region, the Essex Sheriff's Jail is used. Suffolk County reports the need for a regional lockup but it has not been studied in detail. In the Southeast Region, 3 of the 5 Sheriffs report use of their jails while 3 of 4 Sheriffs in the West Region report use of their jails for lockups. Expanding the use of jails in Sheriff facilities for lockups to include overnight stays as well as weekend and holidays should be considered on a regional basis. However, adding separate regional lockup facilities to be used only on nights and weekends at every county jail is not a cost-effective option.

Data regarding the use of the existing lockups was very difficult to obtain. Scant data was available to develop a reliable basis for defining the current use of municipal and State Police Lock-Ups. Only 22% of the local lockups (66 of the 300) participated in the survey. Over half of those were State police lockups. Table 5.4-1 summarizes the data that was available and uses basic information from the survey of lock-ups to estimate the potential number of daily bookings that occur across the municipalities and proposed regions in the Commonwealth. This estimate (considered low) *does not* include daily bookings at the county jails.

Table 5.4-1
Estimated Number of Pre-Arrestment Bookings in Municipal and State Police Lock-Ups

County/Regions	2007 Population	Number of Lockups	Ratio per 100,000 Population	Average Daily Bookings
Region 1- Northeast				
Essex County	733,101	38	5.18	5.11
Suffolk County	713,049	20	2.80	8.65
Subtotal Region 1	1,446,150	58	4.01	13.79
Region 2-Central				
Middlesex County	1,473,416	56	3.80	4.64
Norfolk County	654,909	30	4.58	8.19
Worcester County	781,352	47	6.02	10.51
Subtotal Region 2	2,909,677	133	4.57	24.43
Region 3-Southeast				
Barnstable County	222,175	18	8.10	1.64
Bristol County	543,024	21	3.87	5.63
Dukes County	15,485	-	-	-
Nantucket County	10,240	1	9.77	-
Plymouth County	490,258	28	5.71	4.44
Subtotal Region 3	1,281,182	68	5.31	11.71
Region 4-West				
Berkshire County	129,798	12	9.25	0.71
Franklin County	71,602	6	8.38	0.69
Hampden County	457,908	14	3.06	0.78
Hampshire County	153,147	9	5.88	1.91
Subtotal Region 4	812,455	41	5.05	4.09
Total Counties	6,449,464	300	4.65	54.02
Source: PBA/CGL; June 2009				
Note: Daily bookings based on information provided in a survey.				



Not surprising, the highest daily average of bookings in lock-ups occurs in the counties that comprise the Central Region. This region also has the greatest number of lock-up facilities. Overall, the 300 lock-ups in the Commonwealth are served by 62 District Courts. While the municipalities have petitioned the Commonwealth for funding to improve the conditions for holding pre-arraigned arrestees, the data was simply not available during the CMP process to estimate the totality of need. However, based upon the data available, the potential benefits of more systematically and formally incorporating the pre-arraignment process into the existing booking and arraignment process in Sheriff facilities to better accommodate detainees required to be held overnight, weekends, and holidays should be explored further and considered on a regional basis.

Associated problems of the current practices in the pre-arraignment process in Massachusetts can be summarized as follows:

- New arrestees detained in local and state police facilities are supervised by law enforcement officers instead of trained correctional officers.
- Supervision of arrestees by police reduces time spent on law enforcement duties.
- Limited access to judges or special magistrates is the biggest cause for the increased timeframe that arrestees are detained.
- Numerous lockups require bail commissioners / clerk magistrates to cover multiple sites, creating delays and inefficiencies.
- Physical conditions in lockups do not reflect best practices, especially for stays greater than 8 hours.
- Standardized policy regarding holding of detainees and transfer to Sheriff facilities is lacking.
- Duplication of services such as booking and transports to courts create inefficiencies. Consistent and electronic booking could provide efficiencies and enable sharing of information between all stakeholders.

Components of the Recommended Plan

Approaches to achieving a more efficient criminal justice system, including the pre-arraignment process will involve the cooperation of many components of the criminal justice system.

The overarching CMP recommendation is that as efforts are made to achieve a more integrated system, Sheriff facilities' intake and lockup capabilities should be assessed in the context of regional needs.

As the expansion of responsibility for more overnight and weekend pre-arraignment incarceration to the Sheriffs is implemented, several important improvements should occur, including:

1. Future capital expenditures should include the upgrade of existing Sheriff intake areas to accommodate the processing of local arrestees held overnight, on weekends and holidays. Procedures should be developed that ensure that arrestees receive their first court appearance or arraignment within 24 hours through bail commissioners, judges, or magistrates that would be on-call nights or weekends to officiate arraignment proceedings at scheduled times.
2. Arrestees would always have timely access to bail in the Commonwealth. The current process of on-call bail commissioners traveling to the lockups to arrange bail for arrestees could be eliminated through the use of technology and/or the stationing of fulltime bail commissioners at select county jails.
3. The implementation of a state-wide integrated criminal justice information system (formerly known as ICJIS, now known as MaSSNet) would become the key component of an improved pre-arraignment system.



Consistent, standardized electronic booking by local, State Police and Sheriff departments would need to be implemented.

4. Video arraignment, and other forms of technology applications, would need to be employed to reduce costs and security risks by limiting the transport of detainees; limit travel for Bail Commissioners; and provide simple and easy access to the judicial process for new arrestees.
5. Pretrial intervention programs could be more systematically developed to reduce detainee incarcerations.

By far, most pre-arraignments involve citations rather than incarceration in lock-up facilities. Although a statistically sound estimate of the number of additional bedspaces that would be required in county jails is unknown, based upon the data available for Table 5.4-1, the impact appears to be small. The greater impact would likely be on intake areas and potential staffing needs as well as the proposed operating changes.

According to the CMP analysis, the number of bedspaces required in Sheriff facilities to accommodate the overnight stay for pre-arraignment inmates is estimated at 5-10 per county, on average. Assessment of the potential impact on capital costs and operational costs should be assessed as improvements to county jail facilities are contemplated. This assessment should consider the regional need and willingness of the municipalities to enter into formal agreements to provide these services.

The Cost of Meeting the Pre-Arraignment Bedspace Needs

With limited exceptions, the CMP is intended to address capital requirements for buildings. Intake areas and bedspace capacity would need to be assessed and those areas expanded in cases where there is a *regional* demand for the expansion of pre-arraignment incarceration in a particular Sheriff facility. Where local lockups continue, electronic fingerprinting and other shared database applications should be implemented.

Pre-arraignment issues include immediate access to bail commissioners, attorneys, and judicial personnel and consistent electronic records. Proven efficient and effective applications of remote appearances through the use of technology is essentially what separates most localities from a much improved pre-arraignment system. The Commonwealth is one of the few remaining states where this use of technology is not utilized to reduce unnecessary overnight stays and the cost of transportation.

At this time, no exclusive capital cost for the pre-arraignment process is recommended. However, consideration for improvements to intake areas should be assessed as part of any additions or improvements to Sheriff facilities where the expansion of the pre-arraignment responsibilities to the Sheriff is determined to be feasible. The addition of teleconferencing and implementation of centralized information management at all lockups should be integrated into the emerging MassNet project, addressed in the next section.

Although the development of the CMP strategy has focused on the improvement of conditions of confinement through the reduction of crowding and the implementation of new facility types that would improve the opportunities for reduction in re-offending, implementation of support functions (such as technology and transportation) and coordination between the various entities within the criminal justice system are also critical.



Part 5: Technology

Without a more integrated approach to information gathering, storage, retrieval, dissemination, and management, capital dollars invested to improve existing facilities and create new correctional facilities will only result in additional “stovepipes” that have limited impact on improving the delivery of correctional services. Therefore, while the correctional system, represented primarily by the DOC and the Sheriffs in this plan, regularly invests in technology, this investment is in large part without regard to decisions being considered by other correctional agencies, and almost never with consideration to the plans of other criminal justice agencies. Any initiative to improve the management of criminal justice information must involve all stakeholders in the system.

In the context of a CMP, technology is only briefly discussed because a comprehensive criminal justice information system plan is beyond this scope. Fortunately, however, during the development of the CMP, the Commonwealth undertook Step 1 of a comprehensive assessment of information needs that, in time, should be integrated with the capital requests associated with new facilities that is the focus of the CMP.

Planning Basis

During the course of this study, the iCJIS nomenclature was changed to MaSSNet. An outcome of a comprehensive planning effort in 2006 was a vision for an integrated system that would serve all criminal justice agencies. A portion of the vision is summarized in the following key points:

- The demand from Massachusetts’ criminal justice and non-criminal justice stakeholders for critical MaSSNet information to guide decision making has increased dramatically.
- To make sound decisions, information is accessed from a variety of sources.
- To obtain this information, stakeholders have relied heavily on partnerships that extend across criminal justice agencies at the local, state, and federal levels.
- The MaSSNet concept describes the use of technology to promote seamless interaction and information sharing among criminal justice organizations and systems.
- The primary goal of the MaSSNet is to provide critical, complete, timely, and secure information to criminal justice personnel and decision makers and must be accessible at any time, from any device, in any location across the Commonwealth.
- The MaSSNet provides judges, police officers, district attorneys, probation officers, correction officials and others key information at arrest, arraignment, trial, sentencing, incarceration, registration, and supervision.
- Sharable information with non-criminal justice agencies with statutory authority to support public health, public safety and homeland security, human services, and other government and public services would be provided.

While the integrated criminal justice information system is dependent on technology for implementation, the proposed integrated system is not strictly a technology concept, but is built on the business needs of the various criminal justice stakeholders and includes the needs of organizations and governing structures to implement, manage, and utilize the technology. To this end, the integrated system addresses business processes, technology, organizations, and governance.

As noted in the 2006 study, the statutory basis for the initiation of the iCJIS (MaSSNet) Project originates from M.G.L. c. 6A, § 18 ¾, “Secretary of public safety; functions”, within Title II “Executive and Administrative Officers of the Commonwealth” of the general laws. Excerpts from this section included the following:



It shall be the function of the secretary of public safety:

(1) to develop and implement, in conjunction with the Criminal History Systems Board, an improved system for recording, updating and communicating among criminal justice agencies of the executive office, and the trial court, the attorney general, the Massachusetts sentencing commission, the county sheriffs, and district attorneys, all criminal offender record information and information relevant to sentencing, probation, community corrections, correctional institutions, rehabilitation, and parole decisions in a manner consistent with law and with the rights of all persons who are subjects of such information;

(2) to develop and implement a criminal justice management information system including the organized collection, storage, retrieval, analysis, and dissemination of information among criminal justice agencies of the executive office of public safety, and the trial court, the attorney general, the Massachusetts sentencing commission, the county sheriffs, and the district attorneys of the seven districts;

(3) to develop and implement a criminal justice research and evaluation program including the organized collection, storage, retrieval and analysis of information in order to monitor and provide oversight of criminal justice agencies of the executive office, and trial court, the attorney general, the Massachusetts sentencing commission, the county sheriffs, the district attorneys, and the public.

Through the comprehensive information system assessment, the Commonwealth established the planning need and schedule for improvements. Existing criminal justice system technologies were thoroughly inventoried with a finding of a number of deficiencies that are summarized as follows:

- Network bandwidth is an issue that is visible with the deployment of newer applications such as the SWISS, Parole's State Parole Integrated Record and Information Tracking (SPIRIT) system, the Sheriffs Information and Reporting System (SIRS), CJIS-Web Applications, CJIS XML, and the Massachusetts Instant Record Check System (MIRCS);
- The Criminal History Systems Board (CHSB) has been turned into a managed service provider without any planning or investment in improving the network infrastructure;
- Existing vendor technology more often drives the business solutions as opposed to business issues dictating technology choices;
- Limited disaster recovery for many agencies and/or applications. The Commonwealth is in the process of planning a disaster recovery data center, but this backup facility will not likely be ready at the time of this project's implementation;
- Funding for information technology is unpredictable. This unpredictability leads to a "do something with funding" attitude, resulting in information silos and a lack of change management planning and cross-agency collaboration;
- Commonwealth-wide applications have been developed and deployed utilizing newer application platforms without upgrading the CJIS network, resulting in expensive delays in application deployment and usage;
- The newer web-based systems, such as MIRCS and CJISWeb, have increased the transaction load by one million transactions per month. A direct result of this transaction volume increase is the degradation of response times during peak hours;
- Some current and many future data exchanges require a significantly larger throughput capacity than is currently available. As such, committed information rates (CIR) are being exceeded, causing delays and failures for these types of transactions;
- The current CJIS Data Center lacks the tools and monitoring equipment to proactively monitor, report, and manage the WAN from end to end; and



- The business requirements for the CJIS network have changed dramatically. The once “closed, private” network is now being accessed by a plethora of devices and technologies. The customer base and core business are rapidly changing, requiring access from public networks. As such, network security, data encryption, and user authentication are federally mandated and need to be addressed for compliance.

Specific to the CMP, the basic need begins with a more formalized exchange of offender information between the DOC and the Sheriffs that is broadened to include community-based corrections for both pretrial and reentry functions. Currently each entity classifies the risk and needs of inmates/clients with no cross-jurisdictional key markers. A system-wide database that includes all stakeholders in the process is crucial if the CMP’s regional model is to be effective.

Other technological opportunities identified during the CMP which involve hardware and software that would augment the operation of facilities and services are summarized below:

- Fingerprint-based records that would be available to correctional, parole, and community corrections personnel to assure the identification and monitoring of in-and out-of custody offenders;
- Telemedicine applications that would expedite diagnosis, reduce expenditures for medical personnel, and eliminate expensive transportation of inmates to medical facilities;
- Use of electronic medical records that would provide access to agencies throughout the process and potentially result in cost savings associated with the transfer of confidential medical information between Sheriffs and the DOC for sentenced inmates;
- Video arraignment from county jails and local courthouses that would significantly expedite the pre-arraignment process and reduce the time of incarceration;
- Video visitation that ultimately would provide greater opportunities for more frequent contact between families and offenders while reducing the spatial needs at correctional facilities; and
- Inmate kiosks that would provide a single source available to inmates for managing their inmate account, maintaining progress on their inmate plan, choosing visitation times, and a variety of other possibilities that would reduce the demand on staff’s time.
- Transportation database and scheduling capability expanded for Sheriffs (discussed in next section)

These specific technologies are available and provide the benefits of efficiency and cost savings while becoming a part of an integrated management system. Implementation of the regional model will require greater study of how technology can assure that inmates are assigned to the appropriate facility and their progress monitored during their progression through the more integrated DOC and county system.

Components of the Integrated Technology Plan

The implementation of MaSSNet, previously called the Integrated Criminal Justice Information System (iCJIS), on a state-wide basis is a high priority in the CMP. The goal is to promote seamless interaction and information sharing between criminal justice agencies. Sheriffs should be urged to participate in the MaSSNet technology solutions including: 1) electronic communication (e.g., video-conferencing) and reporting; 2) electronic recording and archiving; and 3) electronic monitoring.

Delegation by EOPSS of a committee or group with the responsibility to coordinate technology-based solutions for Sheriff and DOC information systems will be critical to the implementation of a more efficient correctional system. Technology upgrades for the integrated technology system should be coordinated by the statewide MaSSNet agency



Future technologies can be capitalized on an economy of scale with common purchasing of equipment and services within the Corrections System.

Again, the plan for greater criminal justice system information integration that has been developed identified a number of specific outcomes that would be sought with the expenditure of capital funds. These included:

- Development of a future-state MaSSNet network vision and architecture that account for anticipated initiatives for the delivery of information and services;
- Development, through translation of business and functional requirements, of a set of network architecture design principles which define the appropriate security, performance, capacity, scalability and flexibility attributes of the new MaSSNet Network Architecture;
- Development of a MaSSNet network architecture which defines the logical and physical network management structures, as well as the technical components, that will allow for pro-active monitoring of systems and networks;
- Development of a set of technical and operating standards (consistent with CHSB, FBI, and Commonwealth laws, policies, and regulations) that will serve as a roadmap to a new MaSSNet Network Architecture along with a roll-out plan and a maintenance strategy for the standards;
- Development of a set of recommendations for implementing an appropriate security architecture, as well as appropriate operations and support, for the new MassNet Network Architecture that meet state and federal requirements as provided by the CHSB;
- Development of a timeline for implementation of the proposed solution(s);
- Definition of the management and operational resources required to administer both the current CJIS network and the new MaSSNet Network Architecture; and
- Development of a strategy, along with estimated costs, for properly maintaining the new MaSSNet Network Architecture which must include suggested technology refreshment cycles.

The comprehensive technology plan that is underway at the state level will be the foundational platform for the correctional component. While significant funding has been allocated for the implementation of the MaSSNet program, the correctional component of the system must be more specific in the development of a technology plan. Better sharing is a given and will be improved as MaSSNet matures, but the specifics of a technology plan that would benefit the DOC and Sheriff departments is yet to be developed. The short list identified above includes some of the specific devices, services, or equipment that should be a part of any new building program, but are only a portion of the technological applications that would benefit staff and offenders in meeting the goals of a more efficient system.

Coordination with the ongoing technology work under EOPSS is required. During the implementation of the CMP recommendations, each project should assess what and how to best integrate available technology that should be included to improve specific facility operations and the accomplishment of the regional-sharing goals of the CMP.

Cost of Meeting the Need

Different from the estimation of the cost to construct new correctional facilities, the ability to estimate the capital funding requirements for greater use of technology is not feasible at this time. However, based upon the on-going work to implement MaSSNet and the pending needs associated with the implementation of the CMP, the expenditure for technology in CMP projects should focus on system integration of projects and services in the three broad categories:

- 1) electronic communication (e.g., video-conferencing) and reporting;
- 2) electronic recording and archiving; and
- 3) electronic monitoring through cooperative agreements between state and local agencies.



Targeted pilot projects in video conferencing, along with video visitation and telemedicine, can soothe some of the historical hesitation to use newer technologies. These pilot projects can serve as a gauge on the level of financial investment needed in the video conferencing, video visitation, and telemedicine areas. These projects can also provide a means to measure the effectiveness of these technologies in the Corrections System. Next steps for technology pilot projects in corrections should include electronic medical records and finger print based electronic records.

As discussed in the next section, shared transportation database and electronic scheduling should be expanded for all Sheriffs to enable shared resources as well as the tracking of use and cost.

Capital funding should focus on system integration of projects and services in these broad categories through cooperative agreements between state and local agencies. Advances in overall criminal justice technology, along with standardization of data, will benefit all parties involved.

From a governance perspective, consolidating technology funding for the Commonwealth into one agency that has oversight of the role that each capital request has in the improvement of the criminal justice system will benefit the goal of coordination and integration. Continuing the current approach of funding individual county funding requests for technological applications is counter-productive to an integrated regional model.



Part 6: Inmate Transportation

The movement of inmates and detainees is a major annual expenditure for the DOC and Sheriffs which normally includes a variety of destinations between jails, jails and prisons, prison transfers, courts, medical and dental centers, interstate transfers and other special purpose trips. As each jurisdiction typically provides their own inmate transport, transportation has not typically been considered from a system-wide perspective. Although the CMP focuses on capital investment with the goal to create a more integrated and coordinated system, upgrading support services will be critical. This section discusses opportunities to expand current models of centralization and regionalization in the system today to create a more integrated and cost-effective network.

Planning Basis

The Inventory and Analysis Report presented a more detailed assessment of the existing inmate transportation operations. Selected information from the Inventory and Analysis Report regarding inmate transportation has been summarized below and has served as the basis for the recommended plan.

DOC

Although a portion of DOC inmate transportation is provided with vehicles assigned at individual facilities, the major volume of daily routine inmate transport and transfers is operated by the Central Transport Unit (CTU) which includes two regions. With a computerized system, data on DOC's transportation use is available.

Individual facilities tend to have a limited number of vehicles available, some of which are intended for occasional inmate transport and/or emergency uses. Vans kept at prisons are usually for deliveries, staff use or transporting inmates to a project or job site at or away from the prison. Some inter-facility or hospital transfers are made by facility based vans and are not part of the DOC's CTU operation.

The CTU is headquartered at MCI Norfolk with the Transport Director, an Administrative Assistant, plus one of the Unit's two garages with the Fleet Manager, a secretary and three maintenance staff.

The day-to-day vehicle operation is organized on a regional basis with drivers, security escorts, and vehicles stationed at MCI Bridgewater for Region I and at MCI Shirley for Region II. Each region has a captain in charge and there are 10 Fleet Management /maintenance staff split between the Bridgewater and Norfolk garages and the Body Shop. Drivers, security escorts and vehicles are stationed at the following DOC facilities by region:

Region I Staff and Vehicle Locations

- MCI Bridgewater, Regional Center
– 63 staff
- MCI Norfolk

Region II Staff and Vehicle Locations

- MCI Shirley, Regional Center – 49 staff
- MCI Concord
- MCI Gardner

The CTU has a total of 61 vans and 1 bus used for inmate transport. Information regarding annual inmate trips was supplied by the DOC Transportation Unit based on a three year data base. Table 5.4-1 presents a comparison of the total number of annual trips made by DOC's CTU and individual facility vehicles and the ADP's to generate trips per inmate for each year. Trips per inmate are calculated by the facility of origin, region, and total DOC use for 3 years. This information is important to understand the trend in transportation within the DOC and to predict future needs.



Chapter 5

Table 5.6-1 Average Number of Inmate Trips per Year by DOC Institution

Facility	2005 ADP	2005 Trips	2005 Trips/ Inmate	2006 ADP	2006 Trips	2006 Trips/ Inmate	2007 ADP	2007 Trips	2007 Trips/ Inmate	Total Trips	Average Trips/ Inmate
Region 1: Northeast											
L. Shattuck Hospital Correctional Unit	29	398	14	30	250	8	26	247	10	895	10.52
Boston Pre-Release Center	119	122	1	146	109	1	166	108	1	339	0.81
Subtotal Region 1	148	520	3.51	176	359	2.04	192	355	1.85	1,234	2.47
Region 2: Central											
Bay State Correctional Center	293	584	2	295	654	2	317	630	2	1,868	2.07
MCI Cedar Junction	593	1,962	3	622	1,895	3	726	1,677	2	5,534	2.89
Souza Baranowski Correctional Center	1,007	2,821	3	1,023	2,351	2	1,056	2,036	2	7,208	2.34
MCI Concord	1,177	4,951	4	1,355	5,357	4	1,396	6,005	4	16,313	4.15
County, Federal, & Interstate		132	NA		123	NA		114	NA	369	NA
MCI Framingham	661	1,256	2	694	1,040	1	704	775	1	3,071	1.50
MCI Norfolk	1,436	2,948	2	1,451	2,096	1	1,482	1,859	1	6,903	1.58
MCI Shirley	1,151	2,688	2	1,196	2,408	2	1,290	2,282	2	7,378	2.04
North Central Correctional Institute	991	2,214	2	998	1,768	2	1,007	1,946	2	5,928	1.98
Northeastern Correctional Center	259	202	1	264	206	1	265	251	1	659	0.84
South Middlesex Correctional Center	128	230	2	140	157	1	138	140	1	527	1.31
Pondville Correctional Center	194	393	2	193	322	2	195	239	1	954	1.64
Subtotal Region 2	7,890	20,381	2.58	8,231	18,377	2.23	8,576	17,954	2.09	56,712	2.30
Region 3: Southeast											
Bridgewater State Hospital	345	1,643	5	368	1,543	4	362	1,565	4	4,751	4.43
Mass Alcohol & Substance Abuse Center	177	300	2	199	288	1	182	258	1	846	1.52
Massachusetts Treatment Center	633	2,458	4	628	1,765	3	604	1,876	3	6,099	3.27
MCI Plymouth	150	264	2	148	273	2	180	295	2	832	1.75
Old Colony Correctional Center	806	1,581	2	884	1,339	2	804	1,166	1	4,086	1.64
Other		213	NA		126	NA		149	NA	488	NA
Subtotal Region 3	2,111	6,459	3.06	2,227	5,334	2.40	2,132	5,309	2.49	17,102	2.65
Region 4: West (No Existing DOC Facilities)											
Total	10,149	27,360	3.01	10,634	24,070	2.37	10,900	23,618	2.33	75,048	2.57

Source: MDOC Transportation Unit, Compiled by CGL February 2009.

Observations that can be made from Table 5.6-1 can be summarized as follows:

- Although ADP's increased from 2005 to 2007, trips decreased, resulting in an increasingly lower number of trips per inmate. The coordinated approach to dispatching and scheduling by DOC has yielded efficiencies. The effectiveness of the CTU can be seen in the lower trips/inmate found in the Central Region where the majority of inmates are housed.
- Most facilities of origin have 1-2 trips per inmate, regardless of custody level.
- Facilities of origin that generate more than 2 trips / inmate provide additional services to the system; Medical /Mental Health services at Shattuck and Bridgewater State Hospital; Reception Center at MCI Concord (transferred to MCI Cedar Junction since this table was collated); Sex Offender Treatment at Massachusetts Treatment Center. Two of these facilities contribute to the larger average trips/inmate found in the Southeast Region.
- At the present time, the DOC uses small vans with very low ridership for the majority of the average 23,000 inmate trips per year. Opportunities to increase efficiency could include expanding the vehicle inventory to include larger occupancy vehicles.

Based on trip information provided by the DOC, the purpose of the above trips is presented in Table 5.6-2. More than 70% of the trips were made to transport DOC inmates to court appearances or medical appointments. Approximately 25% of the annual trips, however, involved transferring an inmate to another DOC institution.



Table 5.6-2 Trip Purposes for DOC Inmates

Trip Purpose	2005	2006	2007	Totals	%
Courts	7,116	7,763	7,617	22,496	30.0%
Medical	12,759	8,948	8,617	30,324	40.4%
Transfers	6,785	6,623	6,589	19,997	26.6%
Escorted Trips	41	26	27	94	0.1%
RRC	223	233	260	716	1.0%
Parole Board	13	72	188	273	0.4%
Level A	417	405	320	1,142	1.5%
Totals	27,354	24,070	23,618	75,042	100.0%

Source: MDOC Transportation Unit, Compiled by CGL February 2009.

As discussed in the Inventory and Analysis Report, the CTU provides 90% of all DOC's inmate transport, indicating the common destination of trips made. The comparison of trip purposes made by facility- based vehicles as opposed to CTU vehicles indicated:

- 88% of trips made with the facility-based vehicles were for medical trips as opposed to 35% of CTU trips
- 8% of trips made with the facility-based vehicles were for court trips as opposed to 33% of CTU trips
- 2% of trips made with the facility-based vehicles were for transfers as opposed to 29% of CTU trips

DOC's CTU system has provided efficiencies, especially related to court trips and transfer of inmates between facilities. Opportunities to gain more efficiency for medical trips should be explored. Furthermore, the collection of data and scheduling by DOC into this centralized system enables opportunities to schedule for efficiency as well as a cost analysis of transportation. However, the cost of the system, discussed later in the section, is extremely high.

Sheriffs

A survey was submitted to all of the Sheriffs. Nine Sheriffs returned the requested information summarized in Table 5.6-3 for the number of trips originating from Sheriff facilities in 2007, the only year with completed data.

Table 5.6-3 Average Number of Inmate Trips in 2007 by Reporting Sheriffs

County	2007 Inmate Trips	2007 Modified Trip Count	% of Total County Trips	Average Daily Population	Average Annual Trips/Inmate
Region 1: Northeast	23,556	23,556	11.0%	1,554	15.16
Essex	23,556	23,556	11.0%	1,554	15.16
Suffolk					
Region 2: Central	78,665	78,665	36.7%	2,556	30.78
Middlesex	39,664	39,664	18.5%	1,148	34.55
Norfolk					
Worcester	39,001	39,001	18.2%	1,408	27.70
Region 3: Southeast	81,053	60,454	28.2%	2,605	23.21
Barnstable	5,901	5,901	2.8%	423	13.95
Bristol*	41,572	33,676	15.7%	1,191	28.28
Dukes					
Plymouth*	33,580	20,877	9.7%	991	21.07
Region 4: West	53,809	51,795	24.2%	2,635	19.66
Berkshire	7,200	7,200	3.4%	361	19.94
Franklin*	6,525	4,511	2.1%	168	26.85
Hampden	40,084	40,084	18.7%	2,106	19.03
Hampshire					
Total	237,083	214,470	100.00%	9,350	22.94

Source: Respective Counties, Compiled by CGL August 2008.

Notes: ADP's generated from Weekly Count Sheets by DCAM; Modified Trip Count deducted trips associated with Federal and Other State inmates held at (*) Bristol, Franklin and Plymouth based on ratio of inmates



Because the CMP's focus is providing bedspaces and services to Massachusetts inmates, trip counts were reduced for Sheriffs housing large numbers of Federal inmate and/or inmates from Other States based on the ratio of Massachusetts inmates (extracting federal and other state inmates) / Total inmates. These Sheriffs include Bristol, Franklin, and Plymouth. Even with this modification, Bristol and Franklin are on the high side of trips/inmate at 28.28 and 26.85 respectively. Other than Middlesex which has the highest number of trips/inmate at 34.55 and Worcester with 27.70 trips/inmate, most other Sheriffs had 20 or less trips/inmate.

Although not all Sheriff departments responded to the survey, based on the nine that did submit data (Suffolk was the only large Sheriff department did not respond), each inmate bed generated approximately 23 trips per year on average. The average length of stay is approximately 60 days (including sentenced) so, in effect, every inmate generated approximately 3.8 trips during their period of incarceration (22.95 average trips per inmate bed/6 average bed turnovers per year).

From a regional perspective, the Central Region, even without Norfolk County, generated the greatest number of trips (78,665), the highest trips/inmate (30.78) and therefore the largest percentage of the combined Sheriff trips. While representing approximately 27% of the total Sheriffs' ADP, the trips totaled 36.7% of all trips.

The Southeast Region (not including Dukes County), with approximately 27% of the population generated 60,454 trips or 28.2% of the total Sheriff trips. The average trips/inmate was 23.21.

The West Region, with 28% of the total ADP (not including Hampshire County), yielded 24.2% of all reported Sheriff trips. With a relatively low average annual trips/inmate of 19.66, Hampden County operates a consolidated service which makes approximately 80-100 trips to court and one trip to DOC's Intake each weekday. Medical trips are routinely scheduled on Thursdays by coordinating schedules of all 5 counties. It appears that trips made as part of this consolidated system are reported by Hampden County, explaining the considerably lower percentage of trips by the other Sheriffs in the region. As described in the Inventory and Analysis Report, even though the number of miles increased from 2003 to 2007, the operating cost reduced from \$45.13 /trip to \$42.64 /trip.

The Northeast Region's Essex County constitutes 16% of the total Sheriff ADP yet generates only 11% of all trips. With a low trip/inmate ratio of 15.16, there is routine service with 2 dayshifts and 18 vehicles. They like many other Sheriffs will transport inmates from other jurisdictions when trips cross other counties.

According to the survey, trips to court accounted for 86% of the all trips as opposed to the DOC's 30%. This is not surprising given the sizable pretrial populations in Sheriff facilities. Table 5.6-4 illustrates the trip purposes as represented in the response to the survey based on data provided by Hampden, Plymouth, and Worcester Counties only. Similar data from other counties was not available.

Table 5.6-4 Trip Purposes for Sheriff Inmates

Destination	2007 Inmate Trips	% of Trips
Court	66,189	86.1%
State Prison	3,291	4.3%
Medical/Dental	1,362	1.8%
Lemuel Shattuck	625	0.8%
Jail In State	4,156	5.4%
Elsewhere in State	1,253	1.6%
Other	-	0.0%
Totals	76,876	100%

Source: Plymouth, Hampden & Worcester Counties reporting, compiled by CGL August 2008.



Other than DOC's CTU and the West Region's consolidated service centered in Hampden County, there is limited sharing of resources between jurisdictions. An example of potential savings is the holding of DOC inmates overnight in Sheriff's facilities in their jurisdiction during multiple day court hearings, saving transportation and staff costs.

Without a shared transportation database that includes electronic scheduling, planning for potential savings and accurately tracking costs is difficult. The need for a more integrated transportation system will be even greater with the implementation of the CMP. Without a more integrated approach to transportation, tele-conferencing and tele-medicine, implementation of the following CMP recommendations will impact transportation patterns and result in an increase of trips and cost:

- The new Multi-jurisdictional General Custody facility could result in more trips if each Sheriff has to travel to the new facility to transport their inmates. However, a coordinated approach specific to this facility could result in increased efficiencies.
- The new Medical and Mental Health facility will provide sub-acute care (long-term) for both Sheriffs and the DOC inmates. If each Sheriff and the DOC has to travel to the new facility to transport their inmates, there would be an increase in trips and cost. However, depending on the services provided in the new facility and a coordinated approach, medical trips could be reduced.
- A more aggressive DOC step-down program will increase transfer trips by the DOC, increasing the number of inmates into pre-release facilities. Coordination of these transfer trips can minimize this increase. The actual number of trips provided by the Sheriffs for pre-release inmates is less predictable. Although these inmates leave the facilities more frequently for work and other re-entry activities, they are allowed more freedoms and can utilize public transportation when available. The location of these pre-release facilities and the different Sheriffs' policies on inmates' use of public transportation will have significant impacts.
- In some cases, Regional Women's' Centers could actually reduce trips in some cases since most women are held at MCI Framingham instead of closer to their originating counties.
- The transfer of Section 52A pretrial detainees from the DOC to the Sheriffs will result in a decrease of DOC trips. Although this may result in an increase in Sheriff trips, the trips will be shorter due to proximity to courts and can be further mitigated by scheduling multiple inmates' court trips.

With shared facilities, efficiencies and savings in transportation can be more easily realized with a shared transportation database and scheduling function in place.

Although future inmates trips can be projected based on the incomplete data provided, the impact of implementing the CMP recommendations, including new regional and multi-jurisdictional facilities and shifts in populations dependent on classification, is less predictable.

By simply projecting an average 2.57 trips/inmate for DOC ADP¹ (excluding civil commitments and county women) and 22.94 trips/inmate for Sheriffs combined ADP², the total trips per year in 2020 could be expected to approach 329,627 not factoring in a more aggressive DOC step-down program. For DOC alone, this represents a 19% increase from 2007. For Sheriffs combined, this represents a 5% increase³.

¹ $(11,530 \times .95 = 10,953 \text{ inmates excluding civil commitments}) \text{ translates beds to ADP} \times 2.57 = 28,150 \text{ inmate trips}$

² $(15,461 \text{ beds} \times .85 = 13,142 \text{ inmates}) \text{ translates beds to ADP} \times 22.94 = 301,477 \text{ inmate trips}$

³ In order to determine the relative increase for all Sheriffs, 22.94 trips/inmate multiplied by the total 2007 combined Sheriff ADP of 12,502 (adding Sheriff departments missing from the survey) yielding 286,795 trips $(12,502 \times 22.94)$.



Based on the data provided by DOC's CTU for 2007, DOC's cost per trip was estimated at approximately \$391 per inmate trip, including transport staff cost.

As outlined in the Inventory and Analysis Report, Washington's DOC had a \$50.78 cost per inmate trip. The WDOC coordinated transportation service combines prison and jail transportation into a fixed route system utilizing 9 buses and 8 vans in addition to Sheriff operated shuttles. Although the WDOC covers a larger land area (66,581 square miles as opposed to MDOC's 7,838) and an inmate population approx 30% larger, it logs approximately 8% of the MDOC's vehicle miles (429,331 vs. 5,185,644).

Hampden County's consolidated service model in the West Region reported 304,691 vehicle miles for 40,484 inmate trips in 2007 at a cost of \$42.64 per inmate trip.

While a coordinated transportation system between the DOC and Sheriffs could reduce the annual vehicle miles, the trip purposes are significantly different for the pretrial and the sentenced populations. As noted in Table 5.6-4, more than 85% of the county trips have historically been for pretrial court appearances. While many of these trips are scheduled daily, most would not be candidates for a single-provider system. Additionally, the increased use of video conferencing has the potential to significantly reduce the amount of trips necessary from Sheriff facilities to the courts. Many of the trip needs of county sentenced inmates will be good candidates for a coordinated system.

The CMP identified approaches to affect a coordinated or consolidated state-wide inmate transport network in Chapter 4. The overall focus of these recommendations was to support the development of coordinated inmate transport operational cost effectiveness (e.g., cost per inmate transported) and cost efficiency (e.g., cost per vehicle mile) both for the DOC and the Sheriffs. While a comprehensive statewide system may not be the answer, regional service model at minimum should be considered. Without better tracking of use and routes by all parties, determination of what options for regionalization or consolidation are truly feasible is difficult. With the addition of a shared web-based transportation database that includes scheduling and tracking of use, data can be generated for further analysis. Additionally, if this software was available to all Sheriffs and the scheduling information shared, trip sharing would naturally develop between Sheriffs and the DOC. In the short term and prior to implementing a comprehensive consolidation, the investment and deployment of a web-based system should be investigated.

Long term, full implementation of the following inter-related recommendations will require a cooperative effort by the DOC and Sheriffs:

1. **Pursue Development of a Fixed Route Scheduled DOC System** – The DOC should assess the feasibility of implementing a fixed-route scheduled system within the existing Central Transport Unit (CTU) using much larger capacity vehicles based on a cost analysis to determine if operational efficiency and cost savings would result. The capital cost investment in new larger vehicles would need to be analyzed in a life-cycle manner to determine if and in how many years the annual operating cost savings would be sufficient to justify or payback the capital outlay.
2. **Sheriffs' Deliver All New Sentenced Inmates to Regional Centers** – The DOC and Sheriffs should consider having the local counties transport all newly DOC-sentenced inmates from county jails to designated regional DOC facilities for temporary transfer holding. Using these regional locations as transportation hubs, a DOC scheduled fixed route bus would collect all newly sentenced inmates for transfer to the designated DOC reception/intake center. The local sheriffs would retain responsibility for transport of all pretrial detainees.
3. **Implement a Central Vehicle Purchase Program** – The improved service should also be supported by a central vehicle purchase system made available to the DOC and all Sheriffs to take advantage of lower cost



purchase prices that are typical in other states via the state's greater purchasing power from bulk procurements.

4. **Develop Uniform Dispatching, Data Reporting, Accounting, and Transport Guidelines** – A joint effort should be undertaken by all participating agencies to develop a uniform inmate transport dispatch, data reporting, and accounting system that could be tailored to be suitable to any agency's local needs and conditions. Generic monthly statistical reporting formats with agreed on performance benchmarks and indicators could be established that would enable the DOC and Sheriffs to monitor the performance of the new transport system and implement changes that may be needed to further improve operating efficiency and effectiveness.
5. **Review Classification and Change of Custody Issues** – A more uniform classification system can clarify change of custody issues that will be required in a more integrated transportation system.

To achieve a better coordination of resources, Items 1, 2, 4 and 5 above would have to be accomplished. Without a rationalization of routes and schedules, the DOC operation would remain a "demand response" system. The Sheriffs currently operate almost exclusively on this basis, with the exception that trips to court are scheduled around court operations times. This aspect of a rationalized system will likely remain localized. However, with new regional facilities serving county sentenced inmates, the integration of county sentenced inmate trips into a larger system that includes the DOC is a candidate for exploration.

The Cost of Improved Inmate Transportation

At this stage of a strategic plan any capital estimate for the implementation of a more efficient integrated inmate transportation system is not feasible. Any approach that closely examines the trip sharing possibilities between the DOC and counties, especially for sentenced inmate trips, will yield cost savings. However, the CMP recommends that a web-based transportation database and scheduling application be considered under the leadership of EOPSS and coordinated with other Correction technology upgrades. This system can provide a valuable tool to the DOC and Sheriffs to enable them to reduce transportation costs in the short term while providing reliable and consistent data to serve as the basis for future planning.

Summary

Without a support infrastructure in place, the proposed CMP will only provide new bedspaces without the necessary support requirements that can begin the process of achieving realistic efficiencies within the current Massachusetts Correctional System.

Every opportunity to share support services between the DOC and Sheriffs should be explored and tools should be provided to enable a more coordinated system.



Part 7: Accessibility

Accessibility will be a critical component in the implementation of the Corrections Master Plan.

There are two distinctly separate sets of accessibility laws with which state-owned facilities must comply when doing repairs, renovations, and new construction.

- 1) The Rules and Regulations of the Massachusetts Architectural Access Board (MAAB), part of the MA State Building Code 780 CMR, set State standards for accessible design.
- 2) The American with Disabilities Act (ADA) is federal civil rights law. Title II of the ADA describes the obligations of state, county and municipal entities to provide equal access to programs, services, and activities for people with disabilities, even if no construction is undertaken. The ADA Design Guidelines (ADAAG) provides technical guidance for accessible design.

Removing physical barriers must be done in compliance with *both* Title II of the Americans with Disabilities Act (ADA) and 521 CMR, the Accessibility Regulations of the Commonwealth of Massachusetts, applying the more stringent of the two when the requirements differ.

The following describes in more detail how the two different sets of requirements impact existing facilities as well as new construction and renovation as they apply to correctional facilities.

521 CMR, the Rules and Regulations of the Massachusetts Architectural Access Board (MAAB)

Although published in a separate document, the Rules and Regulations of the Massachusetts Architectural Access Board (521 CMR) are part of the Massachusetts Building Code 780 CMR. Local and state building inspectors are required to enforce these regulations as part of their duties but they may not grant waivers or leniency. All interpretations of the regulations and variances from the regulations must be requested from and issued by the Architectural Access Board.

All new construction must be in full compliance with the regulations of the MAAB. The specific accessibility requirements for correctional facilities are addressed in Section 15 - Detention Facilities.

Any alterations, remodeling, repairs or reconstruction to existing correctional facilities that require a building permit are subject to the scoping in Section 3 of the MAAB to determine what must be made accessible as part of the project scope. Generally, any functional area that is altered is required to be brought into compliance with MAAB. If the cost of the work exceeds \$100,000, with some specific exceptions, additional accessibility in the building may be required.

Because these requirements are part of the building code, design and construction professionals are accustomed to incorporating these requirements into the design and construction of new and renovated facilities. However, if a facility was altered or constructed and was not compliant with the regulations in place at that time, the obligation for compliance at that facility remains.



Title II of the American with Disabilities Act (ADA)

Title II of the ADA is a civil rights law that applies to all state, county and municipally owned and leased buildings providing equal access for people with disabilities. Unlike the MAAB requirements, the ADA is a civil rights law and is enforced by the U.S. Department of Justice, *not* by building inspectors. Whereas the focus of the MAAB requirements is on physical requirements, the Title II of the ADA expands this focus and defines compliance to whether programs, services, policies, and procedures serve people with disabilities in an equal manner to people without disabilities.

Additionally, there is a critical distinction between Title II and Title III, which applies to privately owned buildings used by the public. Public agencies occupying privately owned buildings typically have to meet programmatic requirements not required of the private building owner.

In 1991, the Department of Justice (DOJ) issued regulations requiring state and municipal entities to conduct an ADA Self Evaluation and Transition Plan for the programs, services, and activities in their facilities. The self-evaluation required by the 1991 statute had to examine each of the prison's programs, services, and activities; rules, policies, and practices; as well as any associated physical and operational issues for non-discrimination towards inmates with disabilities whether they require an accessible cell, seek equal access to programs (e.g., drug treatment or education), seek auxiliary aids and services (e.g., sign language interpreter, reader, materials in accessible formats such as large print or Braille); or seek disability-related healthcare and personal assistance services, supplies, or equipment. Where programs and services were not accessible to and usable by people with disabilities because of physical barriers, program/operational accommodations or removal of the barriers were required to assure equal benefit by 1995.

In 1993 DCAM (then DCPO) and the Massachusetts Office on Disabilities (MOD) guided agencies in preparing their Self Evaluation and Transition Plans with administrative surveys and the ADA Transition Plan Workbook.

Each of the county and state correctional /detention facilities in the Commonwealth completed an ADA Self-Evaluation and Transition Plan between 1993 and 1994. A copy of the documents should reside at the facility and should have been updated on an annual basis until all barriers to equal participation have been removed. It is unclear whether these reports exist at the facilities. *Without a record of required barrier removal and documentation of actual barrier removal, each facility may have to initiate a new assessment to determine that its programs, services and activities serve people with disabilities and physical barriers have been removed or have been identified for removal, as required.*

All state agencies are required under Title II of the ADA to have a Transition Plan, an ADA Coordinator, a grievance procedure, and signage indicating who is responsible for making accommodations for persons with disabilities.¹

Correctional facilities receiving federal funds have had a further obligation under Section 504 of the Rehabilitation Act of 1973 to ensure that persons with disabilities have equal access to any programs, services, or activities offered to people without disabilities. If a public entity has complied with the transition plan requirement of a Federal agency regulation implementing section 504 of the Rehabilitation Act of 1973, then the new requirements for a transition plan shall apply only to those policies and practices that were not included in the previous transition plan.

On September 15, 2010, the DOJ published amendments to the ADA, including new requirements for correctional facilities that affect the scoping and design of accessible detention and correctional facilities.

¹ See ADA Best Practices Tool Kit (<http://www.ada.gov/pcatoolkit/toolkitmain.htm>) for more information on ADA Coordinators, grievance procedures and signage.



Although Title II has no true 'grandfathering' for existing facilities not being altered, there are *safe harbors* for Program Accessibility requirements (Subpart D, Section 35.150, Title II). The amended ADA includes a general "safe harbor" under which elements in covered facilities that were built or altered in compliance with the 1991 Standards would not be required to be brought into compliance with the 2010 Standards until the elements were subject to a planned alteration, permitted on or after March 15, 2012.

Title II of the American with Disabilities Act as it applies to Correctional Facilities

Recent court cases and DOJ briefs illustrate the intent and scope of the ADA as it is being applied to correctional institutions. The summary below provides a brief overview of the considerations required in order to eliminate any remaining discriminatory practices and remove associated physical barriers, if necessary.

Under Title II, the term **qualified individual with a disability** means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Title II prohibits a public entity from using eligibility criteria that screen out or tend to screen out an individual with a disability or a class of individuals with disabilities "from fully and equally enjoying any service, program, or activity, unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered."

Program access is a term unique to the application of Title II. The affirmative obligation of "program access" in existing facilities is that the public entity operate each program, service, and activity so that each of them, "when viewed in its entirety, is readily accessible to and usable by individuals with disabilities." In the correctional setting, this requirement impacts policy, transportation, housing, bathing, dining, medical, employment, education, visitation, and architectural components involving all aspects of prison operations that affect inmates, visitors, staff, and volunteers, ranging from executive level administration to the daily interactions that correctional officers have with inmates.

The Supreme Court held in 1998 that "state prisons fall squarely within the statutory definition of 'public entity,'" and that Title II of the ADA, therefore, "unmistakably includes State prisons and prisoners within its coverage." The Court made clear that the various programs, services, and activities offered in correctional institutions are covered by the ADA and, therefore, are required to be accessible to individuals with disabilities even though participation in most of those programs is not voluntary. "Modern prisons provide inmates with many recreational 'activities,' medical 'services,' and educational and vocational 'programs,' all of which at least theoretically 'benefit' the prisoners (and any of which disabled prisoners could be 'excluded from participation in')." These have been determined through several court cases to include but not be limited to:

- Contact visitation programs
- Rehabilitative programs and services
- Inmate drug treatment programs
- Use of showers, toilets, and sinks
- Obtaining meals
- Use of recreational areas

The ADA provides specific prohibitions that apply to the correctional setting, including, but not limited to, the following:

- The outright denial of the benefits of a prisons programs, services, and activities, such as excluding an inmate who uses a wheelchair from recreation privileges because there is no accessible recreation area, excluding an



inmate from bathing because a prison does not have accessible shower facilities or will not provide necessary bathing assistance, or excluding an inmate with diabetes from a commissary program because the commissary does not sell any items the inmate can eat. [28 C.F.R. § 35.130(b)(1)]

- Providing an unequal, different, or separate opportunity to participate in programs, services, and activities, such as placing an inmate with a low security classification in a maximum security setting because the inmate uses a wheelchair and requires an accessible cell, which the facility does not have available at the appropriate security classification, or providing an inmate who uses a wheelchair with only indoor recreational activities because the outdoor recreation area or the route to it is not accessible. [28 C.F.R. § 35.130(b)]
- Engaging in contractual, licensing, or other arrangements that deny participation; provide unequal aids, benefits, or services; perpetuate discrimination; or otherwise limit enjoyment of any right, privilege, advantage, or opportunity, such as transporting an inmate who uses a wheelchair unsafely in an inaccessible vehicle because the facility's transportation contractor does not have accessible vehicles or denying the benefits of medical care to inmates with disabilities because the medical contractor does not provide appropriate medication to an inmate with HIV or a psychiatric disability. [28 C.F.R. §§ 35.130(b)(1), (3)]
- Using eligibility criteria that screen out or tend to screen out people with disabilities, such as requiring inmates participating in anger management courses to be able to hear or requiring inmates who participate in a jobs or trustee program to be able to see, hear, or walk. [28 C.F.R. § 35.130(b)(8)]
- Failing to integrate inmates with disabilities, such as segregating all inmates with a particular disability to one dorm, one class, or one meal time. [28 C.F.R. § 35.130(d)]
- Failing to make reasonable modifications (sometimes referred to as reasonable accommodations) in rules, policies, practices, or procedures, such as not making an exception to a drug treatment programs rule requiring inmates to be medication free in order to permit participation by an inmate who requires medication for a psychiatric disability. [28 C.F.R. § 35.130(b)(7)]
- Failing to provide auxiliary aids and services necessary to achieve effective communication with individuals with disabilities, such as refusing to provide written materials in large print for an inmate with low vision to participate in a GED program or failing to procure a sign language interpreter for a deaf inmate to participate in a program. [28 C.F.R. §§ 35.160-164]

Ultimately, these provisions work together to prohibit all disability discrimination in all of the programs, services, and activities of public entities. In the correctional context, where the public entity has custody of an individual with a disability, such prohibitions also include failing to provide critical healthcare and personal services (e.g., access to mammograms and pap smears), necessary consumable medical supplies (e.g., sterile catheters, colostomy bags, and diapers), durable medical equipment and other disability-related equipment (e.g., wheelchairs, walkers, crutches, and canes), and personal assistance services (e.g., assistance in eating, dressing, bathing, bowel and bladder management, transferring to and from a wheelchair, and maintenance of a cell). Recent guidelines from the DOJ describe requirements for accessible medical facilities: [Access to Medical Care for Individuals with Mobility Disabilities](#).

Program Access, Barrier Removal, and Undo Burden:

As previously mentioned, the affirmative obligation of "program access" in existing facilities is that the public entity operate each program, service, and activity so that each of them, "when viewed in its entirety, is readily accessible to and usable by individuals with disabilities." Although existing facilities may need to be physically altered to make



programs, services and activities accessible to individuals with disabilities, the ADA does not necessarily require a public entity to make each of its existing facilities accessible to and usable by individuals with disabilities.

For example, if a public entity has two pre- ADA (1991) prisons, both have the same programs, services, activities, and security classification, but only one has architecturally accessible cells, Title II program access requirements would permit an inmate who uses a wheelchair to be housed in the prison with the accessible cells, in lieu of requiring architectural modifications at the other facility. However, if the prison without accessible cells has a drug treatment program and the prison with accessible cells does not, it would be a violation of Title II to deny an inmate with a disability participation in the drug treatment program, whether or not participation in the program is a condition of the inmate's sentence or parole, because he was housed in a facility where the program was not offered.

A public entity is not required to make architectural changes to existing facilities where operational or programmatic methods are effective in achieving compliance. Alternative methods of making programs, services, and activities accessible in existing buildings includes redesign of equipment; reassignment of services to accessible buildings or accessible spaces within buildings; assignment of aides to beneficiaries; making programs available electronically; and delivery of services at alternate accessible sites, among others.

In choosing among available methods for meeting the requirements of program access, a public entity shall give priority to those methods that offer services, programs, and activities in the *"most integrated setting appropriate to the needs of the qualified individual with disabilities."* This must be weighed against the fundamental concern in correctional settings about the safety of inmates with disabilities being housed and served with the general population, for fear that they will be victimized. The ADA states that even when a separate program is available, individuals with disabilities cannot be denied the opportunity to participate in programs that are not separate or different. Even though a special program is designed to provide a benefit to persons with disabilities, its existence cannot be used to restrict the participation of a person with a disability in a general, integrated program.

A public entity is not required to take an action that it can demonstrate would result in "a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens". The regulatory language makes clear that the burden of proving that an action would result in a fundamental alteration or undue burden rests with the public entity. And a decision not to take an action on such grounds must be made after considering all resources available for use in the funding and operation of the service, program, or activity. A written statement and analysis, setting out the basis for the determination, must be signed by a high ranking official of the entity. And most importantly, a claim of undue burden does not relieve the public entity of its obligations to find feasible modifications and to not discriminate on the basis of disability.

There is a provision regarding Direct Threat [28 C.F.R. §§ 35.139] which does not require a public entity to permit an individual to participate in or benefit from the services, programs, or activities when that individual poses a direct threat to the health or safety of others. Determination of whether an individual poses a direct threat must be carefully assessed, based on current medical knowledge or the best based objective evidence to ascertain whether reasonable modifications of policies, practices, or the provision of auxiliary aids or services will mitigate the risk.

As the DOC has multiple facilities that house inmates of the same custody level, program accessibility can be met by targeting specific facilities in each custody level. *As the CMP takes a regional approach, to meeting its needs into 2020, careful consideration of Sheriff facilities on a regional basis must be given to determine how the Commonwealth can most effectively ensure program accessibility for all inmates.*



Accessible cells

The 2010 ADA Standards establish new requirements for numbers of accessible cells and their location. The DOJ has increased the required minimum number of cells from 2% to 3% (with a minimum of one) in alterations and new construction for both jails and prisons, in spite of the different length of sentences.

The DOJ considers the 3% requirement a minimum; more may be required to meet the intent of the law. Accessible cells must be dispersed across all classification levels. This requirement was based on demographic analysis of state and federal corrections indicating a rise in the number of disabled prisoners and prisoners aging in place as they serve life sentences without eligibility for parole. It should be noted that the MAAB has required 3% dispersed accessible cells for a number of years, triggered by new construction or alterations/renovations that trigger full compliance. Therefore, it is more likely that facilities that have undergone alterations or additions are currently compliant. *However, with each new CMP project, whether an addition or alteration, it is critical that the number and distribution of accessible cells be evaluated on a facility basis.*

When alterations occur the new number of accessible cells should be provided within the altered area or at least within the same facility, unless technically infeasible, in which case, accessible cells can be provided elsewhere in the system. In fact, alterations are required to comply with the 2010 Standards except that the provision of accessible mobility features (807.2 of the 2010 Standards) for a minimum of 3%, but not fewer than 1, of the total number of cells being altered until at least 3%, but not fewer than 1, of the total number of cells in a facility have compliant mobility features. Altered cells with mobility features shall be provided in each classification level. However, when alterations are made to specific cells, detention and correctional facility operators may satisfy their obligation to provide the required number of cells with mobility features by providing the required mobility features in substitute cells (cells other than those where alterations are originally planned), provided that each substitute cell:

- Is located within the same prison site;
- Is integrated with other cells to the maximum extent feasible;
- Has, at a minimum, equal physical access as the altered cells to areas used by inmates or detainees for visitation, dining, recreation, educational programs, medical services, work programs, religious services, and participation in other programs that the facility offers to inmates or detainees; and,
- If it is technically infeasible to locate a substitute cell within the same prison site, a substitute cell must be provided at another prison site within the corrections system.

The Department of Justice produced a useful publication for accessible cell design in 2005: DOJ Guidance on Accessible Cells. It addresses cell design, dispersal, security and furnishings.

Accessibility throughout the Correctional Facility

In addition to accessible cells, other elements of correctional facilities must also comply with accessibility standards in order to provide access to a correctional facility's programs, services, and activities for inmates and visitors with disabilities. These accessibility elements include parking, loading zones, entrances, routes throughout the facility, ramps, curb ramps, stairs, lifts and elevators, doors, drinking fountains, toilet rooms, toilets, sinks, handrails, showers, bathing elements, alarms, telephones, fixed or built-in seating and tables, assembly areas, and controls and operating mechanisms, such as vending machines and dispensers in visitation areas. Medical facilities within correctional facilities, regardless of licensure, are now required to provide accessible features.



Summary

As the Commonwealth begins to address the bedspace needs into 2020, it is imperative that compliance with the requirements of Title II of the ADA be 'front and center' in the evaluation of existing facilities as well as in the alterations to existing facilities and construction of new facilities. Consistent with the CMP's regional approach, providing program access throughout the system will require strategic evaluations of the system as a whole.

Where Transition Plans are not available, new plans must be developed. Sheriffs and the DOC are encouraged to request assistance from DCAM to begin this process.



Part 8: Sustainability

A major goal of the CMP is to create a more integrated, efficient and cost-effective Corrections System. As state budgets continue to be challenged maintaining the status quo is not sustainable. Creating a more sustainable system requires a focus on lower operating costs, lowering energy consumption, consideration of maintenance costs, minimizing the impact on the physical environment, maximizing the use of existing facilities, and implementing policies that reduce the need for expansion.

With anticipated population growth and current overcrowding, expansion of facilities to address bedspace needs and program requirements will be required as outlined in the preceding sections of this Chapter. With this expansion, the reduction of energy consumption and greenhouse gas emissions in compliance with Executive Order 484 is mandated.

Creating a more sustainable and energy efficient system must be foremost in the implementation of this Corrections Master Plan.

Sustainability Strategies in the Corrections Master Plan

The first step in creating a more sustainable system requires reducing the energy demand and avoiding unnecessary expansion. In addition to EO 484, the CMP has incorporated sustainable strategies that can be summarized below.

- **Improve existing structures to gain bedspace capacity (Potential Capacity improvements)**
By implementing potential capacity improvements in existing facilities, greater efficiency is possible. This strategy can lower the number of bedspaces needed in new facilities, shifting the focus to creating greater use of existing buildings and freeing resources to enhance their energy efficiency.
- **Develop Multi-jurisdictional Facilities**
As bedspace demands fluctuate among jurisdictions, the addition of Multi-jurisdictional facilities can add flexibility to the system, reducing the likelihood that bedspaces will be underutilized. This strategy allows for a more even distribution of populations as bedspace needs vary and enables a more efficient means of addressing bedspace needs.
- **Emphasis on Pre-release Facilities**
On a daily basis, pre-release / re-entry inmates spend a greater amount of their time outside of the facilities, resulting in less energy consumption at these facilities. With the implementation of a classification system that enables more inmates to participate in pre-release and re-entry programming, the CMP seeks to better prepare inmates for re-entry, with the goal of reducing recidivism, and decreasing the need for more bedspaces.
- **Consolidation of special populations**
By consolidating special populations, the system can provide programs more cost-effectively and efficiently. This also allows for a more efficient use of bedspaces by eliminating the need to devote entire units within multiple facilities for these populations that require segregation from the general population..
- **Expanded use of technology to improve operational efficiency**



The CMP recommends the expanded use of technology to improve operations and reduce inmate transportation. Some of these measures are tele-medicine, tele-conferencing and electronic records.

- **Transportation**

The CMP recommends the implementation of web-based transportation scheduling to encourage trip sharing between the DOC and the Sheriffs in order to reduce trips. Additionally, consideration should be given to increasing the size of the vehicles used and instituting some consistent route schedules. Tele-medicine and tele-conferencing can reduce the reliance on vehicular transport of inmates, reducing fuel consumption and greenhouse emissions.

- **Facility upgrades prioritization**

Energy efficiency and greenhouse gas emission reductions will be critical criteria in the prioritization of capital funds for facility improvements.

Executive Order 484

Executive Order 484 (EO484), Leading by Example – Clean Energy and Efficient Buildings, sets the parameters that State facilities are to meet and mandates that State agencies prioritize practices and programs that address resource use, including a reduction in energy consumption derived from fossil fuels and emissions associated with such consumption.

Energy targets to be met, to the greatest extent feasible as set forth in EO484 can be summarized as follows:

1. Reduction of greenhouse emissions by 25% by fiscal year 2012, 40% by fiscal year 2020 and 80% by 2050. In calculating emissions, fiscal year 2002 is to be used as the baseline, and emission reductions are to be measured on an absolute basis and *not* adjusted for facility expansion, load growth, or weather.
2. Reduce overall energy consumption at state owned and leased building (which the state pays directly for energy) by 20% by fiscal year 2012 and 35% by 2020. Such reductions shall be based on fiscal year 2004 baseline and measured on a BTU per square foot basis.
3. Procure 15% of agency annual electricity consumption from renewable sources by 2012 and 30% by 2020.
4. Utilize bio heat products with a minimum blend of 3% bio based materials for all heating applications that use #2 fuel starting with the winter of 2007-2008, and 10% bio heat blend by 2012.
5. All new construction and major renovations, effective immediately, must meet the Mass. LEED Plus green building standard established by the Commonwealth of Massachusetts Sustainable Design Roundtable.
6. Reduce potable water use, as compared to 2006, by 10% by 2012 and 15% by 2020.

To meet these targets, agencies may use a variety of energy conservations, energy efficiency, and renewable strategies including, but not limited to the following:

- Comprehensive on-site energy efficiency programs
- Installation of energy efficient HVAC equipment
- Fuel switching



- Purchase of energy efficient products
- Increased energy conservation by employees
- Installation of on-site renewable energy and combined heat and power systems
- Procurement of renewable energy
- Use of bio-based and alternative fuels
- Purchase of renewable Energy Certificates

Energy projects by DCAM Energy Team

Correctional facilities are particularly good candidates for energy performance contracts, water reduction and renewable energy projects. DCAM's Energy Team has had great success with these projects and will continue to work with Sheriffs and the DOC in the implementation of these projects.



The Corrections Master Plan
The Final Report

Chapter 6
Implementation Plan

Chapter 6 Implementation Plan

In a strategic plan, costs are estimated based on a set of assumptions derived from the current market and then projected into future conditions. Just as the projection of future inmate population is an inexact science dependent upon so many variables, projecting future construction costs and escalation is also less than exact. At this stage, the costs that are used to estimate the level of capital investment into the correctional system are based upon 2009. During the development of this plan, construction costs have experienced fairly dramatic variations. As with any long range plan, the numbers must be periodically updated. However, given the current conditions, the rate and timing of the expansion of the economy and therefore the increases in costs, is even more difficult to predict. Nevertheless, the intent of this section is to outline the model used for estimating the future capital costs required to meet the bedspace needs of 2020, assuming no major legislative changes. These estimates must be re-evaluated regularly as market conditions change.

As discussed in Chapter 3, every opportunity to reduce incarceration needs should be investigated and pursued. With legislative and policy changes, the Commonwealth can reduce this need and therefore the anticipated costs.

Early in this study, the needs within the Corrections System were found to outpace the available funding, requiring careful consideration as to the best investment of initial funds to obtain maximum benefit and set the course towards a more integrated and efficient system.

Based on the bedspace analysis and recommendations, Chapter 6 identifies the order of magnitude capital costs to provide the bedspaces needed for 2020, assuming no major legislative changes. Then, based on the recommendations in Chapter 5, the costs for the first phase of implementation are explored.

METHOD FOR ESTIMATING COSTS

A strategic capital investment plan must include a proposed cost, or “best estimate”, in order to understand the order of magnitude of cost associated with the needs from which priorities can be generated. For the purpose of this plan, the most recent unit costs have been used to establish an order of magnitude cost estimate to meet the bedspace needs for 2020.



Since, at this stage, specific building programs, building specifications, and specific site selections are not yet known, the table of values serves as one tool in the evaluation of a future direction for corrections in the Commonwealth. Actual project budgets must be confirmed through more detailed assessments as part of the standard DCAM Study process for each project. The methodology for estimating costs is outlined below:

Capital Costs – New Bedspaces

1. Assign a “block” amount of square footage for a housing unit or total new facility based upon a custody level.
2. Assign a cost per square foot based upon recent experience to types of housing units, facility components, or a total new facility to develop a preliminary Estimated Construction Cost (ECC) / SF.
3. With the construction cost estimated, a factor for project costs (e.g., off-site utilities, landscaping, A/E fees, contingencies, etc.) is added, based upon the historical experience of DCAM, to provide a Total Project Cost (TPC). A multiplier of 1.3 has been added to the ECC \$/SF to develop preliminary TPC \$/SF. Escalation is not included in these costs and should be added once timing of construction is assessed.
4. Area per bed is multiplied by the TPC \$/SF to develop a cost per bed.

In Table 6-1, outlines the values based upon recent experiences of the consulting team in the Northeast.

Table 6-1 Cost Model for Various Facility Types

Custody or Functional Level	Area/Bed		Construction \$/SF		Total Project Cost/ SF		Total Project Cost/ Bed	
	Housing	Facility	Housing	Facility	Housing	Facility	Housing	Facility
Maximum	200	400	\$ 450	\$ 425	\$ 585	\$ 553	\$117,000	\$221,000
Medium	225	450	\$ 425	\$ 375	\$ 553	\$ 488	\$124,313	\$219,375
Minimum	200	400	\$ 300	\$ 250	\$ 390	\$ 325	\$78,000	\$130,000
Community	185	385	\$ 275	\$ 225	\$ 358	\$ 293	\$66,138	\$112,613
Women	230	460	\$ 415	\$ 370	\$ 540	\$ 481	\$124,085	\$221,260
Medical/Mental Health	325	650	\$ 500	\$ 475	\$ 650	\$ 618	\$211,250	\$401,375
Special Programming	240	425	\$ 400	\$ 360	\$ 520	\$ 468	\$124,800	\$198,900
Pre-Arrestment	175	300	\$ 425	\$ 400	\$ 553	\$ 520	\$96,688	\$156,000
Jail	200	410	\$ 425	\$ 400	\$ 553	\$ 520	\$110,500	\$213,200
Program Space	35	40	N/A	\$ 275	N/A	\$ 358	N/A	\$14,300
Support Space	45	60	N/A	\$ 325	N/A	\$ 423	N/A	\$25,350

Source: Carter Goble Lee; March 2009

Note: Project Cost multiplier of 1.3 should be added to construction cost for total cost.

The *Housing* columns in the table above assume the addition of bedspaces to an existing facility, therefore assuming use of the existing support spaces. The *Facility* columns assume the full complement of support spaces would be required with the addition of the bedspaces. At this stage of planning, the locations for all of these bedspaces has not been identified and a determination of the amount of support spaces required for the addition of the bedspaces is not yet known. Therefore, the *Housing* and *Facility* columns represent a range of costs associated with the addition of each type of bedspace.

Depending on the type of facility, the Total Project Cost per bed in today's dollars ranges from \$66,000/ bed for a community / pre-release addition to over \$400,000/ bed for a new free standing medical / mental health facility. Of note is the decrease in cost per bed for community and minimum custody bedspaces (\$225 - \$300 per bed) as compared to medium and maximum custody (\$375 - \$450 per bed).



The space allocation for specialized medical and mental health facility planning outlines 650 gross square feet per inmate patient for new facilities. The reason for the higher space allocation from a general custody facility begins with larger sleeping areas to accommodate the additional equipment (hospital beds, C-PAP equipment, maneuvering space, etc.) and a much higher percentage of support space for examination and treatment. Using the 650 SF planning basis and the 500-bed facility size, a typical new health care facility would be 325,000 square feet. Similar to the need for additional space for these specialized facilities, the construction cost (cost per square foot) is also greater than a typical general custody facility mainly due to the more sophisticated equipment and construction to accommodate the range of acuity and custody levels.

Similar to the need for additional space for these specialized facilities, the construction cost (cost per square foot) is also greater than a typical general custody facility mainly due to the more sophisticated equipment and construction to accommodate the range of acuity and custody levels.

Capital Costs – Existing Facility Improvements

There are two sets of existing facility improvements considered in this discussion: 1) Repairs or replacements due to outdated or failing conditions as requested by Sheriffs and the DOC and 2) Potential Capacity improvements.

Existing condition improvement costs are more difficult to assess for several reasons. First, the scope of an improvement project can grow or decrease depending on technical conditions and additional work triggered for code or accessibility compliance unique in each case. Secondly, there are sometimes several approaches to implement improvements that require consideration and costing in order to determine the best course of action. Some identified improvements/repairs will be superseded by the Corrections Master Plan initiatives (renovations or expansion of facilities) and/or energy efficiency improvements which are implemented through performance contracts and funded from the resulting energy savings.

For the purposes of the CMP, the improvement costs associated with requests provided by each Sheriff and the DOC were used in order to get an order of magnitude estimate of potential capital need. A determination of whether an identified need would be superseded by the other initiatives or whether the need would be funded through a deferred maintenance budget was not made at this point. Rather the goal was to calculate what improvements have been identified to date to assess the order of magnitude of investment potentially required.

In addition to requested improvements and repairs, potential capacity improvements have been identified. These improvements which are based strictly on the CMP Baseline Capacity criteria, if determined to be feasible at a facility, would increase the bedspace capacity to the **Potential Capacity** level. In all but two cases, these potential capacity improvements include the addition of plumbing fixtures. An estimated 681 showers (or shower controls), 159 sinks, and 64 toilets would need to be added to gain as many as 5,088 bedspaces in existing facilities. Given that the cost of new bedspaces in today's dollars can range from \$66,000 to \$401,000 per bedspace depending on the type, there is great incentive to gain the maximum capacity from each existing facility based on the CMP Baseline Capacity criteria which defines minimum bedspace requirements.

Since the application of the CMP Baseline Capacity was significantly lower than the Current Beds counts in many facilities as illustrated in Chapter 1, potential capacity improvements will create better conditions for the current populations housed. In fact, in many cases, the implementation of potential capacity improvements could enable a re-evaluation of Design or Rated Capacities which are used as the basis of evaluating and reporting overcrowding.



In addition to capital costs, operating costs must also be considered and a similar order of magnitude estimate has been made as outlined below.

Operating Costs – New Beds

Operating costs will be a critical component in the implementation of this Master Plan. As operating costs can vary quite dramatically due to a facility's age, configuration, location, and many other factors, at this stage of planning, staffing ratios by facility type are used to estimate operating costs. Without specifying exact locations of inmates and evaluating each facility, estimating an order of magnitude of the annual increase in operating costs associated with the addition of bedspaces is the goal of this exercise.

1. Assign a general staffing ratio based upon total factored staff to inmates to estimate the additional staff that will be required to operate a facility component or facility based on varying custody or functional levels.
2. Apply an average cost per staff to include salaries, benefits, and all the other non-personnel costs that are required to operate a correctional facility.
3. To obtain a rough estimate of non-personnel operating costs, a multiplier of 1.4 is applied to personnel costs; a 1.8 multiplier is used for medical / mental health facilities.
4. Divide the annual operating costs based on staffing by the staffing ratio to obtain an estimate of operating costs/ bed.

Table 6-2 Operating Cost Model for Various Facility Types

Custody or Functional Level	Staffing Ratio/Bed		Average Annual Cost/Staff	Annual Operating Cost based on Staff	Operating Cost/Bed	
	Housing	Facility			Housing	Facility
Maximum	1:4.5	1:2.0	\$ 71,500	\$ 100,100	\$ 22,244	\$ 50,050
Medium	1:8.0	1:3.0	\$ 68,900	\$ 96,460	\$ 12,058	\$ 32,153
Minimum	1:10.0	1:5.0	\$ 62,400	\$ 87,360	\$ 8,736	\$ 17,472
Community	1:12.0	1:5.5	\$ 58,500	\$ 81,900	\$ 6,825	\$ 14,891
Women	1:8.0	1:4.0	\$ 68,900	\$ 96,460	\$ 12,058	\$ 24,115
Medical/Mental Health	1:2.5	1:2.0	\$ 74,100	\$ 133,380	\$ 53,352	\$ 66,690
Special Programming	1:9.0	1:4.0	\$ 62,400	\$ 87,360	\$ 9,707	\$ 21,840
Pre-Arrestment	1:8.0	1:5.0	\$ 55,900	\$ 78,260	\$ 9,783	\$ 15,652
Jail	1:10.0	1:11.0	\$ 68,900	\$ 96,460	\$ 9,646	\$ 8,769
Program Space	N/A	1:12.0	\$ 58,500	\$ 81,900	NA	\$ 6,825
Support Space	N/A	1:8.0	\$ 61,100	\$ 85,540	NA	\$ 10,693

Source: Carter Goble Lee; March 2009

Note: A 1.4 multiplier is added to the average staff cost for total operating cost/position. For medical, a 1.8 multiplier is applied.

Similar to the capital costs, the range of operating costs can vary depending on the configuration of the facility, the number of inmates served at a facility, the age of the facility, the efficiency of the equipment, the union rates, and the location of the facility. The figures in the *Housing* column are intended to represent the low end of the potential operating cost range while the figures in the *Facility* column are intended to represent the high end.



Using the Cost Model outlined in Table 6-1 and the Operating Costs Model outlined in Table 6-2, increases in annual operating costs that would be required to meet the 2020 projected bedspace need was estimated at as much as \$120 million. With needs far out-pacing revenues, this trend is clearly unsustainable. As outlined in previous chapters, all initiatives to reduce incarceration and create cost-effective operations must be explored.

Operating costs associated with sub-acute medical and mental health bedspaces may include some staff that is currently part of the medical and mental health care vendor contracts and would likely continued to be covered in this fashion. Nevertheless, the staffing costs would be carried by the Commonwealth and were included in the order-of-magnitude estimate.

Although the CMP recommends new beds as part of Phase 1, potential operating budgets and all means to achieve savings must be considered on a case-by-case basis prior to the construction of a new or expanded facility. The CMP recommends that operating costs be an integral component of the Building Study phase. Prior to Building Study certification, the Executive Office for Administration and Finance (ANF) will be included as part of the team to work with all parties to agree upon the population to be housed within the facility, the operating budget of that facility at occupancy, and to confirm that the Commonwealth has adequate dollars to devote to the facility in the long term. This budget will take into account the variable costs of housing inmates (such as food, medical, clothing), staffing, and fixed costs (such as utilities and maintenance). Additionally, ANF will work with all parties to look for potential cost savings associated with each project. However, it will be the responsibility of the overseeing Sheriff to manage its budget.

As the CMP recommends assigning inmates to regional correctional facilities in order to achieve efficiencies and improve recidivism (instead of based solely on jurisdictional custody), the CMP recommends that EOPSS, ANF, Sheriffs and DOC work together to better understand the cost per inmate at different facilities and security levels. Once this analysis is complete, all stakeholders should be included in developing a model that assigns operating dollars that follow inmates as they move through the various custody levels and facilities in the correctional system prior to release. This inmate allocation model will allow for the seamless transfer of inmates to reduce overcrowding at certain facilities, prepare inmates for re-entry, and enable facilities to operate more efficiently.

THE COST OF MEETING 2020 BEDSPACE NEEDS

Using the Cost Model outlined in Table 6-1 and the Operating Costs Model outlined in Table 6-2, a range of the capital costs for new bedspaces to meet the projected need in 2020 were estimated. Four scenarios were considered. As the feasibility of potential capacity improvements requires investigation at each facility, the addition of new bedspaces was estimated utilizing the CMP Baseline Capacity (assuming no potential capacity improvements) and utilizing Potential Capacity (assuming potential capacity improvements are feasible). Since the classification system implemented will have a tremendous impact on the quantity and type of bedspaces needed, both the current and proposed classification systems were applied. The four scenarios considered are as follows:

- 1) CMP Baseline Capacity with the Current Classification System
- 2) CMP Baseline Capacity with the Proposed Classification System
- 3) Potential Capacity with the Current Classification System
- 4) Potential Capacity with the Proposed Classification System

In each scenario, an estimate has been provided for Housing and Facility for each category (New Square Feet, Total Project Cost). These two columns represent a range of capital construction costs as well as operating costs, depending on the extent of program and support spaces required to provide the additional bedspaces.



Chapter 6

CMP Baseline Capacity with the Current Classification System

Utilizing the CMP Baseline Capacity with no potential capacity improvements and with the current classification system, Table 6-3 illustrates the range of capital costs (expressed in today's dollars) to meet the projected 2020 bedspace needs. Because the current classification system requires a greater number of higher custody bedspaces and does not assume Potential Capacity can be achieved in existing facilities, this scenario is the most costly.

Table 6-3 2020 Capital Cost Estimate – CMP Baseline Capacity & Current Classification System

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	457	105,133	210,265	\$56,719,021	\$101,137,531
Women - Pre-release	114	21,060	43,828	\$7,529,079	\$12,819,783
Subacute Medical & MH*	1,270	412,750	825,500	\$268,287,500	\$509,746,250
Men - Pre-release	821	151,903	316,123	\$54,305,492	\$92,466,108
Subtotal Special Populations	2,662	690,846	1,395,717	\$386,841,092	\$716,169,672
Men -General Custody					
Maximum	381	76,274	152,547	\$44,620,036	\$84,282,290
Medium	6,657	1,497,932	2,995,865	\$827,607,660	\$1,460,484,105
Minimum	367	73,385	146,771	\$28,620,308	\$47,700,514
General Custody - Totals	7,406	1,647,591	3,295,183	\$900,848,004	\$1,592,466,909
Total - Special & General	10,068	2,338,438	4,690,900	\$1,287,689,096	\$2,308,636,581

Notes: * Subacute Medical & MH Beds assumed to be all new beds; Sheriff bedspaces included in Medium Custody

As Table 6-3 illustrates, Total Project Costs are estimated to range from approximately \$1.3 billion to \$2.3 billion dollars in 2009 dollars, *without* escalation.

CMP Baseline Capacity with the Proposed Classification System

Utilizing the CMP Baseline Capacity with no potential capacity improvements and with the proposed classification system, Table 6-4 illustrates the range of capital costs (expressed in today's dollars) to meet the projected 2020 bedspace needs. Because the proposed classification system assumes a greater number of DOC inmates in less costly minimum and pre-release custody bedspaces as well as a lower number of staff required per inmate, this scenario illustrates the financial benefit of a more aggressive reclassification system.

Table 6-4 2020 Capital Cost Estimate – CMP Baseline Capacity & Proposed Classification System

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	417	95,865	191,730	\$51,719,247	\$92,222,271
Women - Pre-release	151	27,937	58,139	\$9,987,388	\$17,005,553
Subacute Medical & MH*	1270	412,750	825,500	\$268,287,500	\$509,746,250
Men - Pre-release	2280	421,846	877,895	\$150,809,845	\$256,784,331
Subtotal Special Populations	4,118	958,398	1,953,264	\$480,803,980	\$875,758,405
Men -General Custody					
Maximum	43	8,590	17,180	\$5,025,166	\$9,491,980
Medium	5,420	1,219,586	2,439,172	\$673,821,254	\$1,189,096,331
Minimum	483	96,659	193,317	\$37,696,831	\$62,828,052
General Custody - Totals	5,947	1,324,835	2,649,669	\$716,543,251	\$1,261,416,363
Total - Special & General	10,065	2,283,232	4,602,933	\$1,197,347,232	\$2,137,174,768

Notes: * Subacute Medical & MH Beds assumed to be all new beds; Sheriff bedspaces included in Medium Custody



Chapter 6

As Table 6-4 illustrates, Total Project Costs are estimated to range from approximately \$1.2 billion to \$2.14 billion dollars in 2009 dollars, *without* escalation as compared to the \$1.3 billion to \$2.3 billion associated with the current classification system. Although there is some savings in capital costs, the more critical and re-occurring savings would be expected in operating costs with more inmates in lower custody bedspaces.

Potential Capacity with the Current Classification System

Utilizing the Potential Capacity and with the current classification system, Table 6-5 illustrates the range of capital costs (expressed in today's dollars) to meet the projected 2020 bedspace needs. Although the current classification system requires a greater number of higher custody, this scenario assumes that targeted capacity improvements can be implemented in existing facilities in order to achieve the higher Potential Capacity.

By implementing potential capacity improvements, the maximum standards-based bedspace capacity can be achieved in the existing facilities, reducing the number of new bedspaces required. Since these improvements are estimated at \$10,000 to \$20,000 per bed as compared to \$66,000 to \$221,000 per bed, significant capital cost savings are possible. Total Projects Costs (capital costs) for both new bedspaces and potential capacity improvements are estimated to range between \$801.3 million and \$1.46 billion, as compared to \$1.3 billion to \$2.3 billion assuming all new bedspaces without potential capacity improvements.

Table 6-5
2020 Capital Cost Estimate – Potential Capacity & Current Classification System

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	321	73,734	147,468	\$39,779,577	\$70,932,258
Women - Pre-release	114	21,060	43,828	\$7,529,079	\$12,819,783
Subacute Medical & MH*	1,270	412,750	825,500	\$268,287,500	\$509,746,250
Men - Pre-release	447	82,649	171,999	\$29,547,045	\$50,309,833
Subtotal Special Populations	2,151	590,194	1,188,796	\$345,143,201	\$643,808,124
Men -General Custody					
Maximum	0				
Medium	3,197	719,390	1,438,780	\$397,463,073	\$701,405,423
Minimum	169	33,785	67,571	\$13,176,308	\$21,960,514
General Custody - Totals	3,366	753,176	1,506,351	\$410,639,382	\$723,365,938
Total New - Special & General	5,517	1,343,369	2,695,147	\$755,782,583	\$1,367,174,062
Potential Capacity Improvements	Total Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Women - Secure	136			\$1,360,000	\$2,720,000
Men - Pre-release	374			\$3,740,000	\$7,480,000
Subtotal Special Populations	510			\$5,100,000	\$10,200,000
Men -General Custody					
Maximum	381			\$3,813,678	\$7,627,357
Medium	3,460			\$34,601,877	\$69,203,754
Minimum	198			\$1,980,000	\$3,960,000
General Custody - Totals	4,040			\$40,395,556	\$80,791,111
Total Potential Capacity Beds	4,550			\$45,495,556	\$90,991,111
TOTAL New & Potential Cap.	10,067	1,343,369	2,695,147	\$801,278,138	\$1,458,165,173

Notes: * Subacute Medical & MH Beds assumed to be all new beds - some staff would be provided by Medical & MH Vendors; Sheriff bedspaces included in Medium Custody; 45 surplus Pre-release beds in Central Region- deducted from Potential Capacity Beds improvements; Potential Capacity Improvements include toilet fixtures - assumed \$10,000-\$20,000 per bed; excludes fire suppression system req'd @ MCI Shirley Minimum



Chapter 6

Although some operating costs associated with providing more bedspaces within the envelopes of existing facilities will increase, other costs associated with the facility such as heat and electricity would not necessarily increase. However, since the efficiency of a facility has a significant impact on the staffing levels as well as the energy costs, it is likely that many of the older facilities will be less efficient in energy consumption and staffing than new purpose-built facilities. Therefore, at this level of planning, annual operating costs associated with new bedspaces and potential capacity bedspaces are assumed to result in similar estimated operating costs.

Potential Capacity with the Proposed Classification System

Utilizing the Potential Capacity and with the proposed classification system, Table 6-6 illustrates the range of capital costs (expressed in today's dollars) to meet the projected 2020 bedspace needs.

As previously stated, by implementing potential capacity improvements, the maximum standards-based bedspace capacity can be achieved in the existing facilities, reducing the number of new bedspaces required. Since these improvements are considerably less expensive, significant capital cost savings are possible.

As Table 6-6 illustrates, Total Projects Costs (capital costs) for both new bedspaces and potential capacity improvements are estimated to range between \$754 million and \$1.37 billion, compared to \$1.2 billion to \$2.14 billion assuming all new bedspaces without potential capacity improvements.

Table 6-6
2020 Capital Cost Estimate – Potential Capacity & Proposed Classification System

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	319	73,341	146,682	\$39,567,567	\$70,554,215
Women - Pre-release	151	27,937	58,139	\$9,987,388	\$17,005,553
Subacute Medical & MH*	1,270	412,750	825,500	\$268,287,500	\$509,746,250
Men - Pre-release	1,861	344,331	716,580	\$123,098,233	\$209,599,694
Subtotal Special Populations	3,601	858,359	1,746,901	\$440,940,688	\$806,905,712
Men -General Custody					
Maximum	0				
Medium	2,174	489,180	978,359	\$270,271,755	\$476,950,155
Minimum	0				
General Custody - Totals	2,174	489,180	978,359	\$270,271,755	\$476,950,155
Total - Special & General	5,775	1,347,538	2,725,260	\$711,212,442	\$1,283,855,867
Potential Capacity Improvements	Total Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Women - Secure	98			\$980,000	\$1,960,000
Men - Pre-release	419			\$4,190,000	\$8,380,000
Subtotal Special Populations	517			\$5,170,000	\$10,340,000
Men -General Custody					
Maximum	43			\$429,501	\$859,003
Medium	3,246			\$32,462,504	\$64,925,007
Minimum	483			\$4,832,927	\$9,665,854
General Custody - Totals	3,772			\$37,724,932	\$75,449,864
Total Potential Capacity Beds	4,289			\$42,894,932	\$85,789,864
TOTAL New & Potential Cap.	10,065	1,347,538	2,725,260	\$754,107,374	\$1,369,645,731

Notes: * Subacute Medical & MH Beds assumed to be all new beds - some staff would be provided by Medical & MH Vendors; Sheriff bedspaces included in Medium Custody; 267 surplus General Custody beds- deducted from Potential Capacity Beds improvements; Potential Capacity Improvements include toilet



Because the proposed classification system assumes a greater number of DOC inmates in less costly minimum and pre-release custody bedspaces, this scenario illustrates the financial benefit of a more aggressive reclassification system. Since staffing costs are the largest contributor to operating costs, the primary means to reduce these costs is to reduce the number of staff required. As lower custody bedspaces typically have lower staffing costs and lower staff-to-inmate ratios, a more aggressive, less risk-averse classification system can provide the opportunity to significantly lower operating costs.

Should legislative reforms reduce mandatory minimum sentences, additional savings could be realized in capital costs and annual operating costs, in addition to reducing recidivism and the incarcerated population.

Existing Facility Improvements

Existing facility improvements, excluding potential capacity improvements included in the Tables 6-5 and 6-6, are discussed in this section. Determining the costs associated with deferred maintenance (the backlog of repairs, replacement, and upgrades resulting from underfunding or neglect) in the Corrections System is not a straightforward process. Chapter 2 and Appendices A and B outline DOC and Sheriff facilities' needed improvements, but is not a guide for specific near-term projects.

An annual budget for facilities maintenance and upgrades at 2% - 4% of replacement value is not uncommon. Although not all Sheriff facilities have been assigned replacement values in the CAMIS system (Bristol, Plymouth, Hampden's Chicopee site, Dukes and Norfolk are not valued), the total replacement cost in CAMIS for those facilities included comes to \$4.1 billion dollars. At 2% - 4%, annual maintenance budgets would range between \$82 million to \$164 million. However, these budgets do not account for the backlog of deferred maintenance from previous cycles.

As a result of difficult budget cycles, varying priorities, and competency of maintenance staff, deferred maintenance costs grow and are not always consistently or thoroughly documented. Although facility maintenance requests are submitted annually to DCAM, these requests may not be prioritized in a manner consistent with the larger goals of the Corrections System and may not include all necessary preventive maintenance or code compliance repairs.

Based on data extracted from DCAM's CAMIS database, the total capital need for Sheriff and DOC facilities in the system as of December 2010 totals \$538 million (\$509 million for DOC including modular replacements and \$29 million for Sheriffs). This data includes improvements requested by Sheriffs and the DOC and/or identified by DCAM Facilities Maintenance and Management Division's staff or their consultants. This \$35 million cannot be considered all inclusive as many identified potential projects have not been assigned costs and many that have been assigned costs are dated back as far as 2000. Additionally many Sheriffs are new to CAMIS and have just begun in 2010 to enter their requests into the system. And in fact, based on Site Reports, it appears that many deferred maintenance requests have not been entered into CAMIS and are therefore not included in this figure. As these costs in the database are not all inclusive, the almost \$538 million can be viewed as a *minimum* amount needed for capital improvements beyond the scope of routine operating budgets.

Summary of 2020 Cost Implications

The capital costs required to meet the 2020 bedspace need and address current overcrowding range from \$754 million to 2.3 billion in 2009 dollars *without* escalation. Identified capital improvements to existing facilities are expected to exceed the \$538 million in the CAMIS system. The total anticipated capital costs to address new bedspace needs and existing facility improvements is estimated at over \$1.3 billion *minimum* even if the most cost-



effective scenarios are possible. This will far exceed the funding resources of \$550 million available in the near future as authorized in Chapter 304 of the Acts of 2008. The anticipated increase in annual operating costs associated with these new beds is estimated at as much as \$120 million.

The capital investment of an estimated a minimum \$1.5 billion (in today's dollars) is required to meet the 2020 projected bedspace need, not including facility repairs and repairs not specifically targeted towards capacity. With funding resources limited moving forward, every initiative should be considered to enable the Commonwealth to meet this obligation in the most cost-effective and efficient manner possible. As outlined in this report, regionalization of some specialized facilities to enable more effective and cost-efficient treatment of specialized populations and the implementation of bedspaces to promote reclassification are key components to this end.

Creating a more efficient and cost-effective system requires initiatives far beyond 'brick and mortar' projects. These initiatives should include such measures as legislative reforms that reconsider mandatory minimum sentences, pre-trial diversion programs, more aggressive classification to support the 'stepping down' of DOC inmates into minimum and pre-releases facilities, governance structures to support more flexibility, the use of electronic monitoring devices, expansion of technology, and centralized support services such as transportation. Significant effort must be expended towards reducing the need for incarceration for those inmates that are candidates for community supervision and compassionate release.

With an estimated \$2.5 billion of capital investments for new bedspaces and existing facility improvements (not including escalation) identified, in addition to a potential increase in annual operating costs of as much as \$120 million, it should be clear that the current system is unsustainable. Consolidation, reorganization, and collaboration by stakeholders will be critical to enable the Commonwealth to meet its obligation moving forward.

PHASE 1 CAPITAL PLAN

With the current authorization of \$550M (from Chapter 304 of the Acts of 2008) available to address the capital needs of the system, the CMP proposes a first phase of new projects and improvements focused on the CMP goals that include: 1) Alleviate crowding; 2) Reduce recidivism; 3) Maximize existing resources; 4) Create a more integrated, efficient and cost-effective system.

The plan includes a strategic increase in specialized and general custody bedspaces, potential capacity improvements to gain existing bedspaces and a budget to address some upgrades to existing facilities. Parallel to the efforts to construct new bedspaces, significant attention should be given to the removal of the approximately 1,000 federal inmates from the Sheriff's facilities. Efforts to reassign the approximately 672 civil commitments projected for 2020 to other State agencies or non-profit treatment centers should also be implemented.

Phase 1 – New Bedspaces

As previously outlined, Phase 1 new bedspaces focus on the Special Custody populations. Because these types of bedspaces are currently lacking in the system, these special populations are either housed within the general custody population creating inefficiencies, or they are housed in facilities not appropriate to their needs. By providing these specialized bedspaces, general custody bedspaces can be vacated to begin to alleviate crowding.



Chapter 6

Table 6-7 summarizes the Recommended Phase 1 New Bedspaces by type and region. As previously stated, these bed counts assume all existing CMP Baseline Capacity Beds remain as currently purposed. Actual beds to be built in each region and at each facility will be examined more closely to consider site capacity, operational efficiencies, and bedspace use in the region.

Table 6-7 Recommended Phase 1 New Bedspaces

CMP Phase 1 - Recommended New Beds						
Region	Women Beds		Medical / MH	Male Beds		Total
	Pre-release	General		Pre-release	General	
Northeast Region		225		200		425
Eastern MA Women's Correctional*		225				225
Women Pre-release Beds						0
Male Pre-release				200		200
Central Region		0	500	100	500	1,100
MCI Framingham*		Study				0
New Medical / Mental Health Facility			500			500
Male Pre-release - location TBD				100		100
Women Pre-release Beds						0
Multi-jurisdictional General Custody-TBD					500	500
Southeast Region		0	0	200		200
Male Pre-release -locations TBD				200		200
West Region		100	0	100		200
Western MA Women's Correctional		100				100
Male Pre-release -Hampshire				100		100
Totals		325	500	600	500	1,925

Notes: Beds counts are preliminary and must be assessed in Building Studies; All new women bedspaces may not be feasible at Suffolk HOC site. Additional study of MCI Framingham recommended.

Utilizing the Cost Model in Table 6-1, capital costs for the Phase 1 Bedspaces were estimated and summarized in Table 6-8 below.

Table 6-8 Capital Cost Estimate – Phase 1 New Bedspaces

New Bedspace Type	Total New Beds	New Square Feet		Total Project Cost (TPC)	
		Housing	Facility	Housing	Facility
Special Custody Populations					
Women - Secure	325	74,750	149,500	\$40,327,625	\$71,909,500
Subacute Medical & MH	500	162,500	325,000	\$105,625,000	\$200,687,500
Men - Pre-release	600	111,000	231,000	\$39,682,500	\$67,567,500
Subtotal Special Populations	1,425	348,250	705,500	\$185,635,125	\$340,164,500
Men- General Custody - Medium	500	112,500	225,000	\$62,156,250	\$109,687,500
Total New Beds	1,925	460,750	930,500	\$247,791,375	\$449,852,000

The 1,925 Phase 1 New Bedspaces have estimated capital costs in the range of \$248 million to \$450. For purposes of the CMP, approx. \$350 million is estimated to be needed for the Phase 1 new bedspaces.

Women Bedspaces - \$40 million to \$72 million

With 3 existing facilities with successful women's programs in place, the CMP recommends expanding these existing programs into regional women's centers. Since programs exist and the new bedspaces will be provided in additions to the existing facilities, the capital costs would tend on the lower end of the range. An addition to the existing Western MA Regional Women's Correctional Center in Chicopee is recommended. An Eastern Regional Women's Correctional Center is also recommended to be housed at the Suffolk House of Corrections however the site has limited capacity for expansion and requires further study. Additional study is also required at MCI Framingham to



determine the site's capacity and feasibility of adding new bedspaces to reduce overcrowding and address needs for the Central Region as well as the East Region. These two studies should identify the best approach to providing the needed capacity for the East Region.

Sub-acute Medical and Mental Health Bedspaces - \$106 million to \$200 million

Assuming a maximum size of 500 beds, one new dual function medical and mental health facility is recommended for Phase 1. This category of inmate is not a factor of the usual growth predictors and is increasing at every level of incarceration. Prior to launching a new building study, a more in-depth and focused Needs Assessment Study is required to assess acuity levels and determine the most appropriate facilities to deliver medical and mental health care services within the Corrections System.

Since the bulk of the DOC inmate population are in facilities in the Central and Northeast regions and proximity to medical schools for staff is important, the CMP recommends that priority be given to locating the new medical facility in the Central and/or Northeast Regions.

While the estimated TPC for a 500-bed specialized health care facility is \$200.7 million, the annual cost for operation for these types of facilities is expected to be much higher than general custody institutions due largely to the higher staffing ratios and the medical supplies and equipment costs. Although some of these staffing costs will be absorbed as part of medical and mental health care contracts, security would be provided by the DOC and some State health care staff would likely be required, possibly through agreements with DPH and DMH.

Pre-Release/Reentry Bedspaces - \$40 million to \$68 million

Purpose-built pre-release/reentry facilities should contain or have access to support space for a range of release preparation activities. The types of living areas should be varied to provide an inmate with a progression of environments in preparation for independent living. The CMP recommends that these facilities be within community centers where possible to provide access to jobs, housing and public transportation.

The programs and services provided through pre-release and reentry are the foundation for changing the current rate of re-offending. While other components of the CMP require a higher level of capital investment, the greatest return on investment will likely be derived from the pre-release/reentry programs. Every effort should be made to support this initiative and as the implementation of the CMP progresses, if at all possible, an even higher level of investment should be made in this community-based initiative. Leasing of pre-release facilities through operating budget expenditures in addition to facilities constructed on State property should be considered.

General Custody Bedspaces - \$62 million to \$110 million

In order to build flexibility into the system, the CMP recommends building a new multi-jurisdictional general custody facility in the Central Region. Although governance issues must be addressed, the 500 multi-jurisdictional bedspaces proposed for the Central Region would reduce crowding in several counties by providing space to transfer various populations and create a 'relief valve' for the system as a whole. By doing so, additional space could be made available in selected counties to accommodate additional male pretrial inmates closer to local courts, including 52A's.

Phase 1 – Potential Capacity Improvements and Existing Conditions Upgrades

The remaining \$200 million in the authorization of \$550M (from Chapter 304 of the Acts of 2008) is recommended for potential capacity improvements, existing conditions upgrades and contingency for potential scope revisions associated with Phase 1 New Beds.



As illustrated in Tables 6-5 and 6-6, potential capacity improvements are estimated to range between \$43 million and \$91 million, depending on the degree of reclassification implemented. As previously outlined, approximately \$538 million of identified deferred maintenance items and upgrades are listed in DCAM's CAMIS database. Based on these figures, it is clear that careful assessment and prioritization is needed to determine the best use of the \$200 million allocation. In Chapter 2, criteria for this prioritization are outlined.

PHASE 1 INITIAL STEPS

The CMP has focused on the capital expenditure necessary to meet the projected 2020 bedspace needs in the Commonwealth. Although a capital plan, the CMP is based on the assumption that a series of steps will be undertaken with the goal of investing wisely in a combination of new construction, repairs and upgrades, in addition to advancing policy and operational changes to produce a more effective, efficient, flexible and integrated correctional system in the Commonwealth. To this end, the following steps are proposed to be undertaken as an integral part of the CMP.

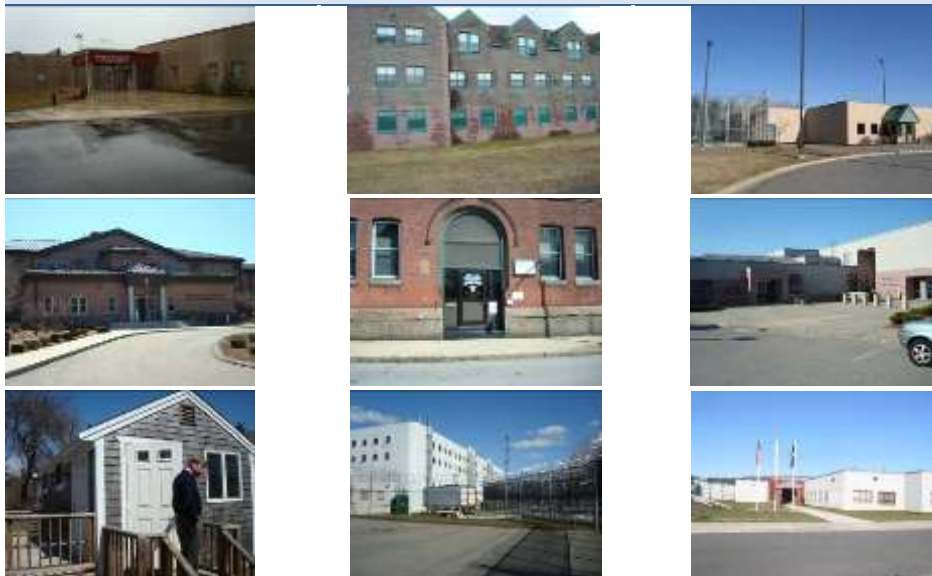
1. Establish a bedspace accounting system using an analytically-based approach to reassess current Design and Rated Capacities to enable the creation of a more consistent and compliant inventory from which to evaluate overcrowding more effectively.
2. Begin stakeholder discussions on implementing a multi-jurisdictional governance structure for new multi-jurisdictional facilities and for governance input on the expansion of existing women's facilities into regional centers.
3. Appoint a CMP Implementation Committee to monitor progress in achieving the recommendations of the Corrections Master Plan and provide a progress report at critical intervals.
4. In coordination with the MaSSNet initiative, develop a comprehensive program that expands technology to improve pre-arraignment, video conferencing, tele-medicine, transportation, classification, records-keeping and other services including better coordination between criminal justice agencies.
5. Implement a shared transportation database for scheduling and tracking trips to enable a possible reduction on trips by adjacent facilities and lay the foundation for a future comprehensive transportation study.
6. Investigate a centralized system for purchasing of vehicles and other common items to gain cost savings for all Sheriffs and the DOC.
7. Implement a Needs Assessment Study that identifies the acuity levels and medical and mental health care delivery options for the Corrections System.
8. Begin discussions focused on re-assigning civilly committed persons to appropriate Commonwealth agencies.
9. Begin operating budget realignment to enable the removal of Federal inmates from Sheriff facilities.
10. Implement legislative and policy reforms such as sentencing reform, classification changes, and alternatives to incarceration that could reduce the need for an additional 4,000 bedspaces and the expenditure of an additional \$1.5 billion by 2020.

Essentially, a Strategic Master Plan defines a direction for the future, based on the goals and criteria defined today. Any plan must be constantly monitored and periodically updated to reflect ever evolving conditions and policies that



will alter priorities. The CMP proposes means to improve existing conditions, but does not reflect an absolute solution to the complex needs of the correctional system. Ongoing involvement of all stakeholders is required to implement the direction proposed and to continually improve and inform the process to create a more integrated, efficient and cost-effective Corrections System in 2020 and beyond.





**The Corrections Master Plan
The Final Report**

**Appendix A
Sheriff Department
Existing Facility Briefs**

Appendix A - Sheriff Dept. Existing Facility Briefs

HOUSING CAPACITY TABLE LEGEND

Current Beds:

Number of beds identified during 2009 Site Visit excluding non-traditional / temporary beds; Current bed count varies to accommodate ADP

Capacity Criteria

Sleeping Space: ACA Standard

Single @ 35 Unencumbered SF

Double @ 50 Unencumbered SF or 70 SF Total

Dorm @ 25 SF per inmate

Capacity Criteria

Plumbing Fixtures: MA Plumbing Code

Sinks @ 1 per 6 inmates

Showers @ 1 per 8 inmates

Toilets @ 1 per 8 Males / 1 per 6 Females

Capacity Criteria

Dayroom Space: ACA Standard

35 SF per inmate

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)	COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	B	SINKS (1.6 inmates, 1.3) (1.8 inmates, R-2)	SHOWERS (1.8 inmates)	TOILETS (1.8 Male inmates, 1.6 female inmates)	C	D	E					
HC D1	Room	x				2	85	2	2	4	1	1	2	8	NA	NA	4		
Single D1	Room	x				23	70	2	23	46	2	3	6	16	NA	NA	16	Add: 3 Sinks, 2 Showers **	40
Single D2	Room	x				44	70	2	23	46	2	3	6	16	NA	NA	16	Add: 3 Sinks, 2 Showers **	40
HC D2	Room	x				2	85	2	2	4	1	1	2	8	NA	NA	4		
Double B1	Room	x				50	120	3	25	75	6	7	8	48	NA	NA	48	Add: 4 Sinks, 3 Showers **, 2 Toilets	75
Double B2	Room	x				54	120	3	25	75	6	7	8	48	NA	NA	48	Add: 4 Sinks, 3 Showers **, 2 Toilets	75
						175		100						136			238	189	150

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".

Red numbers

indicate limiting criteria that yields the **CMP Baseline Capacity** for the housing unit – See pg 43 for more information

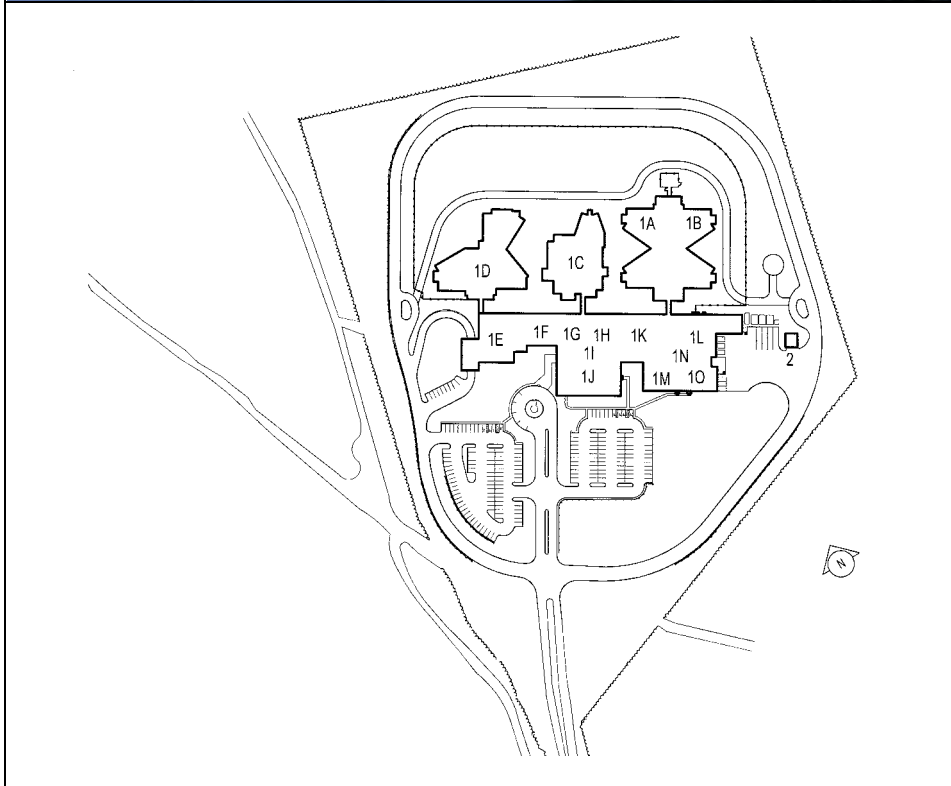
Potential Capacity - possible increase in bedspaces with improvements; if no improvements were identified, Potential Capacity = CMP Baseline Capacity – See pg.44 for more information

Design Capacity
See pg.39 for more information



Barnstable County Correctional Facility

Address:	6000 Sheriff's Place Bourne, MA
Year Opened:	2004
Security Levels:	Minimum, Medium, Maximum
Sq. Footage:	156,319 GSF



Buildings

1. Main Building

1A Housing Unit #1	42,419 gsf / CAMIS ID 763SDC0400
1B Housing Unit #1	
1C Housing Unit #1	22,838 gsf / CAMIS ID 63SDC0401
1D Housing Unit #1	28,116 gsf / CAMIS ID 763SDC0402
1E Intake Trans/Release	16,644 gsf / CAMIS ID 763SDC0403
1F Health	
1G Visitation	
1H Administration	26,623 gsf / CAMIS ID 763SDC0404
1I Control	
1J Staff Support Training	
1K Central Services	
1L Food Services	
1M Vocational Ed.	35,543 gsf / CAMIS ID 763SDC0405
1N Laundry	
1O Maintenance/Warehouse	

2. Grounds

Maintenance/Storage	780 gsf / CAMIS ID 763SDC0406
----------------------------	-------------------------------

Barnstable County Correctional Facility

Description:

- The current Barnstable County Correctional Facility is a concrete and steel frame structure with pre-cast cell housing units, located on a 29 acre parcel. Exterior finish is brick masonry and concrete.
- This facility replaced the old 1934 facility on Main St, Barnstable at the back of the Massachusetts Trial Court Complex which is now vacant.
- Inmate housing is organized around 12 housing pods. Pod sizes vary from 12 cells to 36 cells. There are a total of 300 cells of 80 square feet, each capable of holding 2 beds.
- Security systems are adequate and in good working condition.
- The central service core which includes food preparation and laundry was built to accommodate up to 700 inmates. The space allocated for kitchen facilities is adequate and in excellent physical condition. Food is prepared on-site by a vendor and delivered to housing units. Central laundry is in good condition and is supplemented by laundry services in the female units.
- There are central classrooms for academic programs. The facility operates a print shop and a woodworking shop for vocational education. These areas are in excellent condition.
- The Central Library is accessible only to female inmates, while carts are used to deliver books to male inmate units.
- Medical services are provided by in-house staff. While there is no infirmary, there are two negative pressure cells. There are healthcare triage rooms in each housing area. The facility is wired for tele-medicine but it is not used.
- Recreation decks are on all housing units. There is a well-equipped weight room but no central gym.
- There is a warehouse/storage facility that is used for the storage of records and supplies.
- There are staff training facilities on site that offer training to other agencies.
- The facility has adequate parking for its current size, although during peak shift changes parking is reported to be tight.
- The site has adequate room for expansion.

Major Issues:

- The facility has experienced significant settlement of the floor slab in many areas which has affected the adjustment and operation of doors, etc. Other systems are likely to be affected if the settlement occurs long-term.
- The exterior walls of the housing units show signs of significant structural cracks. Cell windows were improperly installed and/or defective. Replacement units have been provided by the manufacturer and are being installed by facility staff.
- Auger monster needs a trap prior to the sewer system; experiencing debris flowing into the military sewer system.

Previously Requested Capital Projects:

- Pre-release Center – 72-beds; pre-release inmates are held with general population
- Regional Lock-up – 50 beds
- Vehicle Maintenance Facility

Barnstable County Correctional Facility

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
BSD00	BARNSTABLE COUNTY CORR. FACILITY	HOUSE 1 - PODS A,B,C	J000108914	INSTALL EXHAUST VENT IN POD C, IN DAY-ROOM SHOWER	INSTALL EXHAUST VENT IN POD C, IN DAY-ROOM SHOWER	12,500	Requested
BSD00	BARNSTABLE COUNTY CORR. FACILITY	SERVICES	J000108917	INSTALL TWO 8" VICTAULIC "Y" STRAINERS ON AC COOLING TOWERS	INSTALL TWO 8" VICTAULIC "Y" STRAINERS ON AC COOLING TOWERS	12,000	Requested
BSD00	BARNSTABLE COUNTY CORR. FACILITY	HOUSE 3 - PODS J,K,L,M	J000110402	MODIFICATION OF RTU CONTROLS	RTU CONTROLS MODIFICATIONS	19,359	Requested
BSD00	BARNSTABLE COUNTY CORR. FACILITY	HOUSE 2 - PODS D,E,F,G,H	J000110470	GEN 3 REPLACEMENTS	GEN 3 REPLACEMENTS	9,146	Requested
BSD00	BARNSTABLE COUNTY CORR. FACILITY	ADMINISTRATION / VISIT / PROGRAMS	J000110483	UPGRADE SECURITY SYSTEM	UPGRADE SECURITY SYSTEM	55,000	Requested
BSD00	BARNSTABLE COUNTY CORR. FACILITY	HOUSE 2 - PODS D,E,F,G,H	J000110489	FOOD PASSES	FOOD PASSES	5,612	Requested
SDC00	BARNSTABLE COUNTY CORR. FACILITY	HOUSE 3 - PODS J,K,L,M - BLDG. NO.1	J000110402	MODIFICATION OF RTU CONTROLS	MODIFICATION OF RTU CONTROLS	91,000	Requested
SDC00	BARNSTABLE COUNTY CORR. FACILITY	SERVICES BLDG. NO. 7	J000111282	REPAIR KITCHEN FLOOR	REPAIR KITCHEN FLOOR	8,280	Requested
SDC00	BARNSTABLE COUNTY CORR. FACILITY	GRINDER SHED	J000111285	MODIFY AUGER	REPAIR AUGER	35,000	Requested
TOTAL ESTIMATED COSTS						\$247,897	

Barnstable County Correctional Facility

Housing Capacity:

BARNSTABLE COUNTY CORRECTIONAL FACILITY - BOURNE
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 2004)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1:6 Inmates)	SHOWERS (1:8 Inmates)	TOILETS (1:8 Male Inmates, 1:6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)			
Pod A (1A)	Cell	x				72	80	2	36	72	37	6	36	48	2,520	72	48			
Pod B (1B)	Cell	x				32	80	2	16	32	17	4	16	32	1,120	32	32	Maximum Segregation	Add: 3 Showers **	72
Pod C (1C)	Cell	x				64	80	2	32	64	33	6	32	48	2,240	64	48		Add: 2 Showers **	64
Pod D (2D)	Cell			x		24	80	2	12	24	13	2	12	16	630	18	16	Women	Add: 2 Showers **	16
Pod E (2E)	Cell			x		48	80	2	24	48	24	4	24	32	1,680	48	32	Women	Add: 2 Showers **	48
Pod F (2F)	Cell		x			12	80	2	12	24	12	1	12	8	420	12	8	Isolation / Normally Single Bunked	Add: 1 Shower **	12
Pod G (2G)	Cell	x				24	80	2	12	24	12	2	12	16	420	12	12	Admin Segregation		12
Pod H (2H)	Cell	x				24	80	2	12	24	13	2	12	16	620	18	16	Protective Custody		16
Pod J (3J)	Cell	x				72	80	2	36	72	37	6	36	48	2,520	72	48		Add: 3 Showers **	72
Pod K (3K)	Cell	x				72	80	2	36	72	37	6	36	48	2,520	72	48	Medium Custody	Add: 3 Showers **	72
Pod L (3L)	Cell	x				72	80	2	36	72	37	6	36	48	2,520	72	48	Minimum Custody	Add: 3 Showers **	72
Pod M (3M)	Cell	x				72	80	2	36	72	37	6	36	48	2,520	72	48		Add: 3 Showers **	72
Intake																				
						588	300										404			
																		560	402	300

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



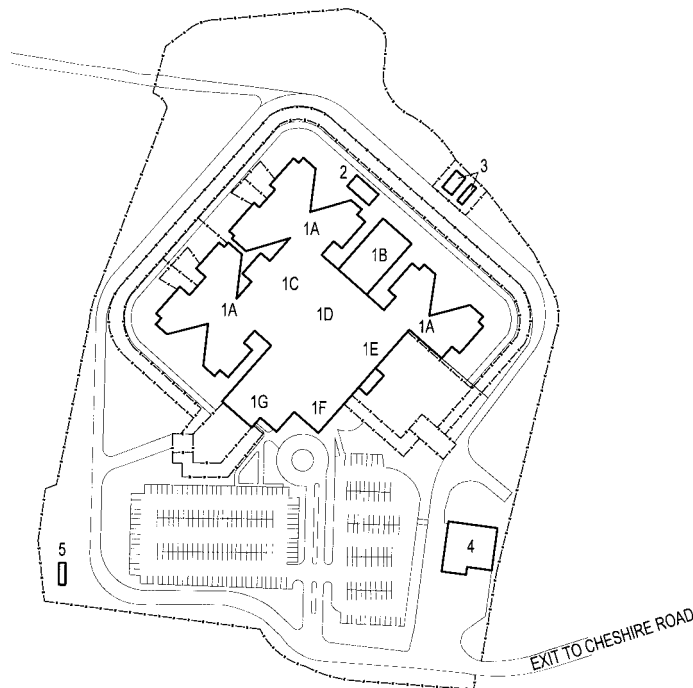
Berkshire County Jail and House of Correction

Address: 467 Cheshire Road
Pittsfield, MA

Year Opened: 2001

Security Levels: Minimum, Medium,
Maximum

Sq. Footage: 166,375 GSF



Buildings

1. Main Bldg.	
1A Housing	
1B Gymnasium	
1C Health/Voc. Ed./Library	160,000 gsf / CAMIS ID 111SDBPB03
1D Food Service	
1E Maintenance	
1F Administration	
1G Intake	
2. Greenhouse	--
3. Switch Gear	--
4. Warehouse	6,375 gsf / CAMIS ID 111SDBPB01
5. Storage	--

Berkshire County Jail and House of Correction

Description:

- The Berkshire County Jail and HOC is a steel frame with concrete block structure, occupying a 25 acre site containing some wetland area subject to restriction. It replaced a brick structure constructed in 1870 which is located in downtown Pittsfield.
- Inmate housing is located in nine housing units consisting of 292 precast concrete cells, each 82 square feet of area. The cells have two beds except the accessible cells which are single bunked. Housing units are in very good condition. Housing units are organized around centralized shared functions and program spaces.
- The Security system is in generally good condition although spare parts are becoming difficult to obtain. The fiber-optics camera system has limited recording capacity, limiting expansion to other areas.
- The medical healthcare area originally had 4 cells which are not active. A central triage w/ exam room and dental room are currently used and are in good condition.
- The kitchen and laundry facilities are adequately sized and in good condition with the exception of some of the equipment.
- The facility has a library and classrooms which are centrally located and in excellent condition.
- The facility includes a gymnasium.
- There is a warehouse outside the secure perimeter. It is adequate in size and in good condition.
- The facility has adequate parking for 260 vehicles.

Major Issues:

- The 1870 Berkshire County Jail & HOC in downtown Pittsfield no longer houses inmates. It is a three story brick structure with a deteriorating roof, non-insulated walls and windows, an inadequate heating system, inadequate fire suppression systems and multiple access issues. The Sheriff's Department uses the facility to support a program for juveniles and houses some administrative offices. A large percentage of the facility is not occupied or is under-utilized. It is on a restricted 4.5 acre site adjacent to an elementary school. Lease space would be a more cost effective option to house these functions.
- The facility does not have a separate pre-release facility which creates security issues.
- Additional razor wire at Recreation Decks used by higher security inmates is needed.
- Emergency exit doors in housing pods must be replaced due to rust.
- Network infrastructure upgrade is needed.

Previously Requested Capital Projects:

- Pre-release Center
- Regional Lockup / Intake Area

Berkshire County Jail and House of Correction

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDB00	SHERIFF'S DEPARTMENT BERKSHIRE NEW	MAIN JAIL	J000108569	CONCRETE CURBING REPLACEMENT 467 CHESHIRE	REPLACE ALL CONTRETE CURBING WITH GRANITE CURBING	91,800	Requested
SDB00	SHERIFF'S DEPARTMENT BERKSHIRE NEW	MAIN JAIL	J000108571	NETWORK INFRASTRUCTURE UPGRADE	NETWORK INFRASTRUCTURE UPGRADE	128,000	Requested
SDB00	SHERIFF'S DEPARTMENT -BERKSHIRE NEW	MAIN JAIL	J000109929	ADD 2 ROWS OF RAZOR WIRE TO RECREATIONAL DECKS B & C	ADD 2 ROWS OF RAZOR RIBBON TO RECREATIONAL DECKS B & C	15,000	Requested
SDB00	SHERIFF'S DEPARTMENT -BERKSHIRE NEW	MAIN JAIL	J000109931	REPLACE ALL EMERGENCY EXIT DOORS IN THE HOUSING PODS PER D.O.C.	REPLACE EMERGENCY EXIT DOORS HOUSING PODS PER D.O.C.	53,550	Requested
SDB00	SHERIFF'S DEPARTMENT -BERKSHIRE NEW	MAIN JAIL	J000111284	REPLACE GYM FLOOR	INSTALL NEW GYM FLOOR	60,000	Requested
TOTAL ESTIMATED COSTS						\$348,350	

Housing Capacity:

BERKSHIRE COUNTY JAIL AND HOC - PITTSFIELD
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 2001)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)						
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1:6 inmates)	SHOWERS (1:8 inmates)	TOILETS (1:8 Male Inmates, 1:6 Female Inmates)	MAX No. of INMATES							DAYROOM SF (35SF Per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)			
Pod A	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64	Maximum Custody	Add: 1 Shower **	72						
Pod B	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod C	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod D	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod E	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod F	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod G	Cell			x		71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod H	Cell	x				71	82	2 *	36	72	36	8	36	64	2,620	75	64		Add: 1 Shower **	72						
Pod J	Cell	x				4	82	2	4	8	4	1	4	8	168	4	4	Inactive Health Services		4						
Booking	Cell	x				(4)					4	2	4				(4)	Not In Count		(4)						
						572	292												516					580	349	288

* = 1 HCP Cell

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



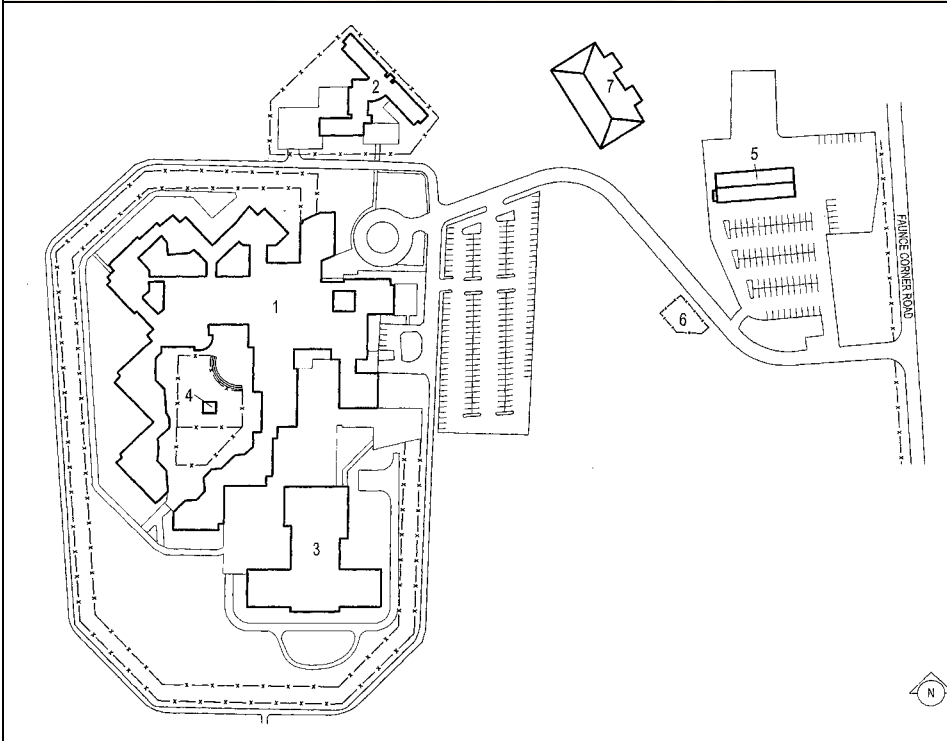
Bristol County Jail and House of Correction

Address: 400 Faunce Corner Road
N. Dartmouth, MA 02747

Year Opened: 1990

Security Levels: Minimum, Medium & Maximum

Sq. Footage: 261,000 gsf



Buildings

1. Bristol HOC	165,000 gsf / CAMIS ID 669BSD0801
2. Women's Center	159,000 gsf / CAMIS ID 669BSD0802
3. Modular Housing Unit	56,600 gsf / CAMIS ID 669BSD0806
4. Guard Tower	--
5. Maintenance Building	7,250 gsf / CAMIS ID 669BSD0803
6. K-9 Training Area	--
7. ICE Federal	16,254 gsf / CAMIS ID 669BSD0805

Bristol County Jail and House of Correction – North Dartmouth

Description:

- The Bristol County Jail and House of Correction Main Building is a steel frame with split-face and concrete block structure. While the facility is on a 150 acre site, there are significant wetland environmental restrictions that limit further expansion or development of new facilities.
- The male dorm beds (476 of the 1,090 beds) represent 44% of the total male beds which is a high percentage for this type of correctional facility.
- The Main Building contains 307 cells with 74 square feet of area. Each cell is double bunked. The gym has been converted to a 76 person dorm.
- The Modular Housing Unit contains four dorm housing units with 13 cells housing 6 inmates each. The building's structure is a precast concrete plank and wall system with metal stud and gypsum wall board infill. This building was originally leased with the contractor responsible for maintaining the building. The contractor's financial difficulties contributed to minimal maintenance on the facility. The State now owns this facility.
- The Women's Center was originally the men's pre-release facility. It contains 48 cells with 74 square feet of area.
- The Health Services Unit (HSU) in the Main Building houses the medical and mental health services for the entire facility. It can provide services for as many as 28, serving both male and female inmates with no separation. There is a shortage of mental health cells and plumbing fixtures. There are solid doors that should be replaced.
- Administrative areas for the Sheriff and the Superintendant are not co-located. A large conference/training room addition was placed adjacent to the Sheriff's office area. It is wood frame construction attached directly to a non-combustible rated structure, which is not code compliant.
- Food service is provided in a centralized kitchen and dining area which is marginally adequate for the present population. Storage is needed. The kitchen in the modular building is inactive.
- Central laundry is located in the Main Building. Separate washers and dryers are located in the Women's Facility and the Modular facility.
- The library in the Main Building has been converted to a roll call room. Three classrooms are used for educational programs and are in good condition. The classroom in the Women's Center has been converted to a dorm with classes held in the dining area.
- Vocational classes are limited and are held in the maintenance area.
- The ICE Building was constructed without DCAM authorization using federal funds and is under contract to house federal detainees.
- The Automotive Maintenance/Canteen Building is a metal "Butler type" building in good condition.
- There is limited program space and the indoor recreation space was converted to a temporary dorm.

Major Issues:

- There is currently no pre-release facility for Bristol County.
- Insufficient showers in the housing units limit the code compliant occupancy levels significantly below the current number of beds.
- The Women's Center has numerous significant accessibility issues such as no accessible entrance/egress or accessible showers.
- Modular facility has HVAC and ventilation problems in addition to major renovations needed in the toilet/shower rooms..
- Roofs are approaching end of useful life.

Previously Requested Capital Projects:

- Warehouse for storage
- Modular Housing Unit Repairs

Bristol County Jail and House of Correction – North Dartmouth

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
CBR00	BRISTOL CNTY SHERIFF - N. DARTMOUTH	BRISTOL COUNTY HOUSE OF CORRECTION	J000108560	HSU - UPGRADE OF TOILET FACILITIES	UPGRADE TOILET FACILITIES - HSU	47,000	Requested

TOTAL ESTIMATED COSTS

\$47,000

Bristol County Jail and House of Correction – North Dartmouth

Housing Capacity:

BRISTOL COUNTY JAIL AND HOUSE OF CORRECTIONS - NORTH DARTMOUTH
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 1990)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	F	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min. unencumbered Double - 50SF minimum, or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 inmates)	SHOWERS (1.8 inmates)	TOILETS (1.8 Male inmates, 1.6 Female inmates)	MAX No. of INMATES	DAYROOM SF (35SF per inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)				
Main Bldg (DHOC) - HA	Cell	x				82	74	2	41	82	41	7	41	56	3,046	87	56	Med-Max Custody	56		
Main Bldg (DHOC) - HB	Cell	x				82	74	2	41	82	41	7	41	56	3,046	87	56	Med-Max Custody	56		
Main Bldg (DHOC) - GA	Cell	x				96	74	2	48	96	9	8	9	64	5,072	145	64	Medium Custody	64		
Main Bldg (DHOC) - GB	Cell	x				96	74	2	48	96	9	8	9	64	5,072	145	64	Med-Max Custody	64		
Main Bldg (DHOC) - GC (Gym Dorm) (NTH)	Dorm	x				76	4500	75	1	75	4	3	6	24	2,650	75	24				
Main Bldg (DHOC) - FA	Cell	x				66	74	2	33	66	33	6	33	48	1,891	54	48	Med-Max Custody	48	Add: 9 Sinks, 7 Showers **, 4 Toilets	76
Main Bldg (DHOC) - FB	Cell	x				64	74	2	32	64	32	6	32	48	1,891	54	48	Protective Custody	48		
Main Bldg (DHOC) - EA (Women Seg)	Cell			x		16	74	2	8	16	8	2	8	16	441	13	13	Med-Max Custody	13		
Main Bldg (DHOC) - EB (ICE)	Cell	x				38	74	2	16	32	4	3	4	24	1,097	31	24	Minimum Custody	24		
Main Bldg (DHOC) - EC	Cell	x				32	74	2	16	32	16	3	16	24	1,337	38	24	Admin Seg/Protective Custody	24		
Main Bldg (DHOC) - ED	Cell	x				16	74	2	8	16	8	2	8	16	503	14	16	Maximum Custody	16		
Main Bldg (DHOC) - EE	Cell	x				16	74	2	16	32	16	3	16	24	956	27	24	Maximum Custody	24		
Main Bldg (DHOC) - HSU (Medical)	Cell					--			4/2								--	Not In Count	--		
Main Bldg (DHOC) - Intake/Transfer/Release	Cell	x				--											--	Not In Count	--		
Modulars (DHOC) - 1E (MC)	Dorm	x				99	347	6	13	78	13	10	10	78	2,970	85	78	Min-Med Custody	78		
Modulars (DHOC) - 1W (MC)	Dorm	x				99	347	6	13	78	13	10	10	78	2,970	85	78	Min-Med Custody	78		
Modulars (DHOC) - 2E (MC)	Dorm	x				99	347	6	13	78	13	10	10	78	2,970	85	78	Min-Med Custody	78		
Modulars (DHOC) - 2W (MC)	Dorm	x				99	347	6	13	78	13	10	10	78	2,970	85	78	Min-Med Custody	78		
Womens Center (DWC) - AW-1 (Wing A)	Cell			x		24	72	2	12	24	3	3	2	18	359	10	10	Min-Max Custody	10		
Womens Center (DWC) - AW-2 (Wing B)	Cell			x		46	72	2	12	24	2	3	3	12	359	10	10	Min-Max Custody	10		
Womens Center (DWC) - AW-3 (Wing C)	Cell			x		28	72	2	12	24	3	3	2	24	359	10	10	Min-Max Custody	10		
Womens Center (DWC) - AW-4 (Wing D)	Cell			x		36	72	2	12	24	2	3	3	12	359	10	10	Min-Max Custody	10		
						1210			408								813		865	1159	360

(MC) = Modular/Concrete Building
(NTH) = Non-Traditional Housing
** = or Shower Controls

BRISTOL COUNTY JAIL AND HOUSE OF CORRECTIONS - NORTH DARTMOUTH
(ICE* Building Houses Federal Inmates/Detainees)
(Date Built: 2006)

ICE Bldg - 1A (Dorm)	Dorm	x				64	3000	50	1	50	8	6	9	48	1,750	50	48	Min-Med Custody		Add: 3 Sinks, 2 Showers **	64		
ICE Bldg - 1B (Dorm)	Dorm	x				64	3000	50	1	50	8	6	9	48	1,750	50	48	Min-Med Custody		Add: 3 Sinks, 2 Showers **	64		
						128			2								96				128		

** = or Shower Controls



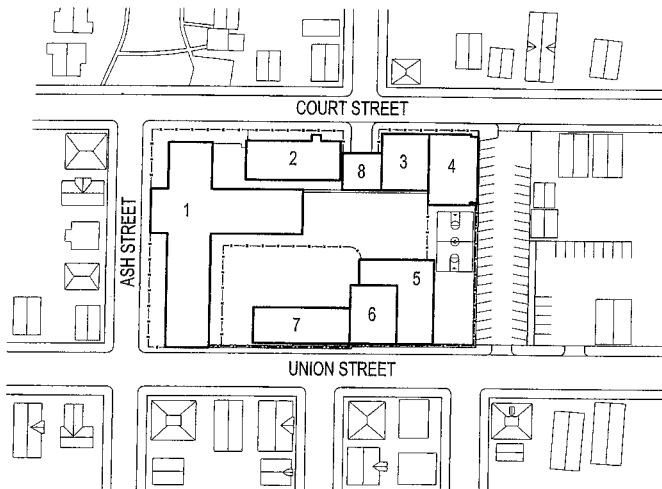
Bristol County Jail and House of Correction

Address: 226 Ash Street
New Bedford, MA

Year Opened: 1829

Security Levels: Minimum & Medium

Sq. Footage: 200,832 gsf



Buildings

1. Housing / Administration
2. Administration
3. Intake
4. Laundry/Rec RM/Day RM 200,832 gsf / CAMIS ID 668BSD0801
5. Dining
6. Kitchen
7. Condemned (Due to Fire)
8. Sallyport

Bristol County Jail and House of Correction - Ash Street, New Bedford

Description:

- The Bristol County Jail-Ash Street Facility in downtown New Bedford was originally opened in 1829. The 1.5 acre brick complex serves as a jail and regional lock-up facility. The main building contains 212 cells of 48 square feet each. Male and female inmates are housed in adjacent cells with cloth sheets providing visual separation.
- Medical staff provides triage only. Inmates with medical or mental health issues are transferred to the North Dartmouth facility.
- Program space is minimal.
- There is a single outdoor recreation space for male and female inmates, creating security issues.
- The gymnasium has been converted to a dayroom and laundry facility.
- The building that houses the kitchen and dining hall is outdated and undersized.
- All support spaces are small with limited storage.
- Intake is extremely small and difficult to manage circulation.
- The site is land-locked with no room for expansion. Parking is for staff only.

Major Issues:

- The 1.5 acre urban site is surrounded on three sides by secondary streets immediately adjacent to the 20 foot perimeter walls. The facility also lacks exterior surveillance cameras. The facility has an ongoing issue with contraband being thrown over the perimeter walls.
- The facility is not access compliant.
- The physical condition of the facility and its equipment is marginal and costly to maintain.

Previously Requested Capital Projects:

- None.

CAMIS Requested Projects: None.

Housing Capacity:

BRISTOL COUNTY JAIL AND HOUSE OF CORRECTIONS - NEW BEDFORD
(Custody Level: Medium/Minimum)
(Date Built: 1829)

Building #1 - Wing 1 & 2	Cell	x				212	48	1	212	212	202	8	202	64	2,597	74	74		
Building #4 - Dayroom		x				--					1	6					--		
Building #1 - Health Services		x				--											--		
Building #3 - Intake		x				--											--		
						212			212								74		

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



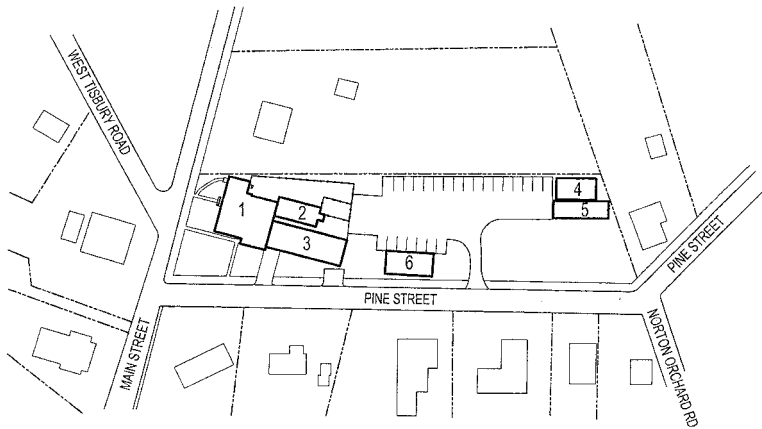
Dukes County Jail and House of Correction

Address: 149 Main Street
Edgartown, MA 02539

Year Opened: 1873

Security Levels: Minimum, Medium & regional
Lockup

Sq. Footage: 9,104 gsf



Buildings

1. Jail/HOC	
2. Modular Housing	
3. Dorm Housing, Visiting, Central Control Modular Bldg	7,992 gsf / CAMIS ID 807SDD0901
4. Female Housing/Juvenile Lockup	200 gsf
5. Civil Process Building	336 gsf / CAMIS ID 807SDD0906
6. Training (Trailer)	576 gsf / CAMIS ID 807SDD0905

Dukes County Jail and House of Correction

Description:

- The Dukes County Jail and House of Correction was built in 1873 on a 1.25 acre lot in a mixed-use neighborhood of Edgartown. The main building is a three story wood structure containing administrative offices, nurse's station, inmate program space, and the kitchen. The original cellblocks are built with granite and brick and are attached to wooden structures.
- Type II (wood) modular housing with six cells was added in 1984. In 2006, a modular classroom was added and is now used as dormitory housing.
- The Training building is also a Type II modular, nearing the end of its useful life. There is evidence of water infiltration and subsequent damage.
- The kitchen facilities are in an area the size of a residential kitchen. Lack of food storage space requires supplies to be ordered and delivered daily.
- The laundry is also residential in scale.
- Medical services are limited to sick call and pre-physicals. Inmates are transported off-site for medical services.
- There are limited means to keep populations separated by gender, age, and classification. There is no designated segregation unit.
- There is no indoor recreation space. Outdoor recreation space includes a half-court basketball court and weightlifting area.
- There is no dayroom in the original building.
- There is no room for expansion on the current site.

Major Issues:

- There are significant life safety issues including the lack of a sprinkler system in the original structure, the lack of second means of egress from the second floor, non-compliant fire alarms, egress lighting and signage and manually locked cells.
- Several Hayes Report improvements are needed including replacement of non-detention grade lighting and bar-type cell doors.
- Some of the cells are windowless and lack adequate ventilation.
- The facility is not accessible. There is no elevator in the multi-floor facility.
- The recreation yard and sally port are secured with only a single fence that is damaged in places and lacks razor wire.
- Mechanical systems and roof replacement is needed.

Previously Requested Capital Projects:

- New Jail on airport site
- Modular Replacement

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDD00	SHERIFF'S DEPARTMENT-DUKES	HOUSE OF CORRECTION	J000111415	FY '11 UPGRADE LIGHTING WITHIN THE HOUSE OF CORRECTION FACILITY	FY '11 UPGRADE LIGHTING WITHIN THE HOUSE OF CORRECTION FACILITY	24,000	Requested
SDD00	SHERIFF'S DEPARTMENT-DUKES	HOUSE OF CORRECTION	J000111416	FY '11 REPLACE EXISTING SECURITY FENCING	FY '11 REPLACE EXISTING SECURITY FENCING	300,000	Requested
SDD00	SHERIFF'S DEPARTMENT-DUKES	HOUSE OF CORRECTION	J000111418	FY '11 REPAIR AND REPLACE EXISTING ASPHALT&RUBBER ROOF MEMBRANE	FY '11 REPAIR AND REPLACE EXISTING ASPHALT&RUBBER ROOF MEMBRANE	30,000	Requested

TOTAL ESTIMATED COSTS

\$354,000

Housing Capacity:

DUKES COUNTY JAIL & HOUSE OF CORRECTIONS - EDGARTOWN
(Custody Level: Medium/Minimum)
(Date Built: 1873)

REVISÉ ON: 10/8/2010

[illegible]

(MW) = Modular/Wood Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



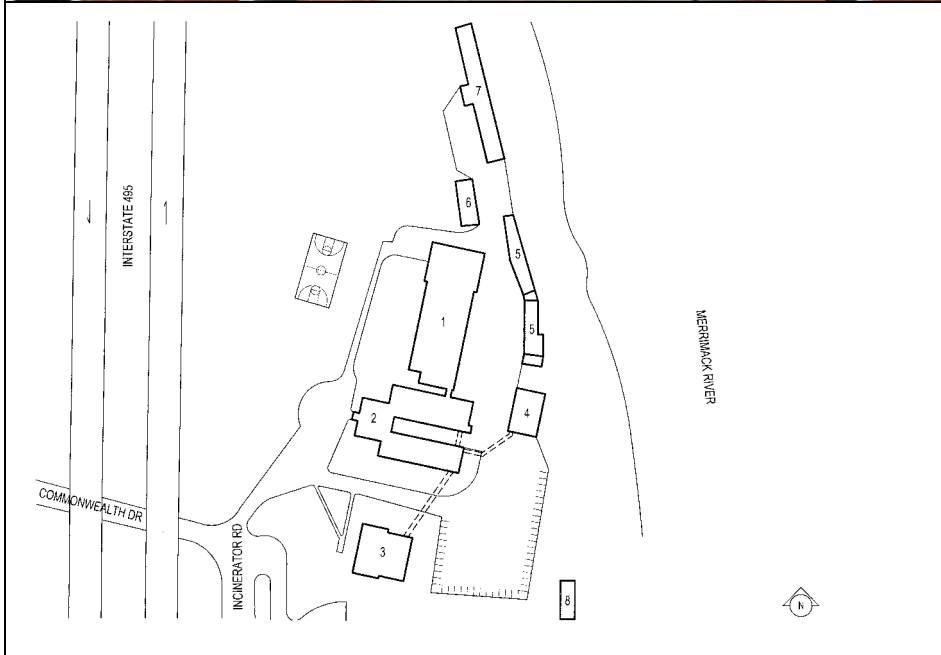
Essex County Alternative Center - Lawrence

Address: 165 Marston Street
Lawrence, MA

Year Opened: 1907

Security Levels: Pre-Release & Minimum

Sq. Footage: 89,726 gsf



Buildings

1. Gymnasium/Re-Entry Housing	15,522 gsf / CAMIS ID 515 SDEPB03
2. Administration Bldg.	46,840 gsf / CAMIS ID 515SDEPB01
3. Annex Bldg. (Housing)	17,454 gsf / CAMIS ID 515SDEPB02
4. Boiler Room	2,925 gsf / CAMIS ID 515SDEPB05
5. Back Bldg. (Housing)	4,545 gsf / CAMIS ID 515SDEPB06
6. Juvenile Modular Bldg. (Lockup)	1,440 gsf / CAMIS ID 515SDE0601
7. City of Lawrence/Dog Pound	--
8. Chapel	1,000 gsf / CAMIS ID 515SDEPB04

Essex County Alternative Center - Lawrence

Description:

- The Essex County Correctional Alternative Center in Lawrence consists of six buildings of varying ages in a complex dating to 1907. The two main buildings are brick and wood structures. The complex sits on a 13 acre parcel.
- The correctional complex is located within the flood plain adjacent to the Merrimac River. The area experienced flooding in recent years.
- Housing varies from small rooms to large dorms. Former farm equipment sheds along the Merrimac River have been converted to finished dorms.
- Some administrative and storage spaces are located in the Middleton facility.
- Health services area consists of a small Nurse's Station. Seriously ill inmates are transferred to the Middleton facility.
- The library is in good condition and appropriately sized for the population.
- Food services are contracted and dining space is very limited.
- Commercial washers and dryers are operated by inmates as part of a community service and work assignment.
- The gymnasium is used for visits.
- The Chapel is located in a more remote corner of the site and is without security cameras. The building has moisture issues and is structurally marginal.
- Parking is adequate but repaving is needed.

Major Issues:

- The windows in the Administration Building are a residential grade replacement type in failing condition.
- The heating systems in the main buildings are antiquated and inefficient.
- There are major accessibility issues throughout the complex.

Previously Requested Capital Projects:

- Minimum / Pre-release Expansion

CAMIS Requested Projects: None.

Essex County Alternative Center - Lawrence

Housing Capacity:

ESSEX COUNTY ALTERNATIVE CENTER - LAWRENCE
(Custody Level: Minimum/Pre-Release)
(Date Built: 1907)

REVISED ON: 10/8/2010

		MEN		WOMEN				SLEEPING SPACE <small>(ACA Standard)</small>			PLUMBING FIXTURES <small>(Mass Plumbing Code)</small>			DAYROOM SPACE <small>(ACA Standard)</small>												
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		GENERAL POPULATION		SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		CURRENT NUMBER OF BEDS	SQUARE FEET <small>(Single - 355F min unencumbered Double - 505F unencum. or 705F Total Dorm - 255F unencumbered)</small>	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS <small>(1:6 Inmates)</small>	SHOWERS <small>(1:8 Inmates)</small>	TOILETS <small>(1:8 Male Inmates, 1:6 Female Inmates)</small>	MAX No. of INMATES	DAYROOM SF <small>(355F per Inmate)</small>	MAX No. of INMATES	CMP BASELINE CAPACITY <small>(per ACA & Mass Plumbing Code)</small>	COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
Main	Dorm	x							178	4551	Varies	13	178	7		7			NA							
Gym (NTH)	Dorm	x							30	???	--	1	30	6		6		120	NA		120		Add: 12 sinks, 11 showers **, 1 toilet	208		
	Gym	x							--					10	15	12			NA							
Annex	Dorm	x							96	3502	24	4	96	5	12	10		30	NA		30		Add: 11 sinks, 2 toilets	96		
Back	Dorm	x							36	1326	Varies	8	36	4	7	5		24	NA		24	Re-entry		24		
									340			26									174			328	362	135

(NTH) = Non-Traditional Housing

** = or Shower Controls

Essex County Women in Transition (W.I.T.) - Salisbury

Housing Capacity:

ESSEX COUNTY WOMEN IN TRANSITION (W.I.T.) - SALISBURY
(Custody Level: Pre-Release)
(Date Leased: 2001)

Female	Room	x			24	varies	4	6	24	?	?	?	?	?	?	24	Temporary Leased Facility		24			
					24	6										24			24		44	23

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



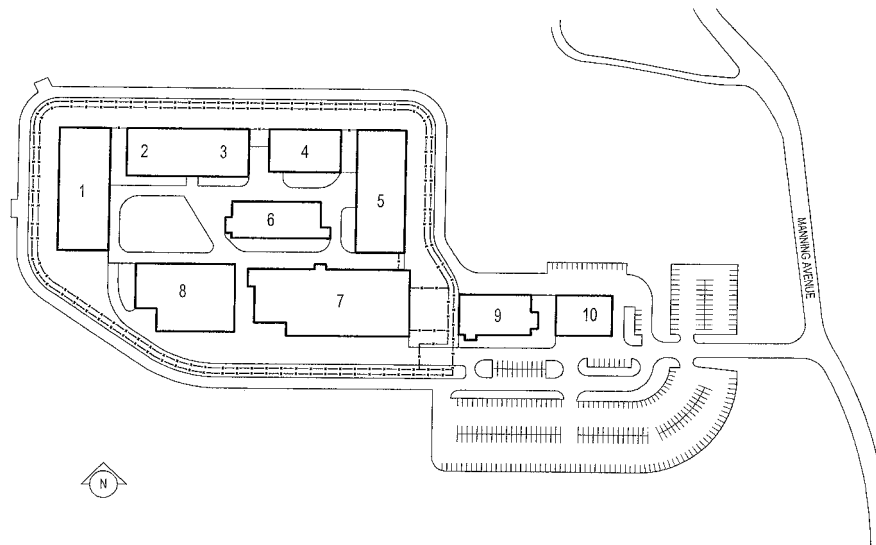
Essex County Correctional Facility - Middleton

Address: 20 Manning Avenue
Middleton, MA

Year Opened: 1991

Security Levels: Pre-Trial, Medium & Maximum

Sq. Footage: 236,518 gsf



Buildings

1. 120 Bed Unit	20,300 gsf / CAMIS ID 517SDEPB07
2. 60 Bed Unit	11,704 gsf / CAMIS ID 517SDEPB11
3. 80 Bed Unit	12,204 gsf / CAMIS ID 517SDEPB02
4. Recreation	9,860 gsf / CAMIS ID 517SDEPB09
5. 240 Bed Unit	42,400 gsf / CAMIS ID 517SDEPB08
6. Library / Programs	24,200 gsf / CAMIS ID 517SDEPB06
7. Intake/Services	53,600 gsf / CAMIS ID 517SDEPB10
8. Laundry	33,800 gsf / CAMIS ID 517SDEPB03
9. Administration	20,200 gsf / CAMIS ID 517SDEPB01
10. Warehouse	8,250 gsf / CAMIS ID 517SDEPB04

Essex County Correctional Facility - Middleton

Description:

- The current Essex County Correctional Facility in Middleton is a ten building “modular” complex which opened in 1991 on a 20 acre site. The complex consists of four housing buildings, a laundry/vocational building with converted dorm housing, a recreation/gym building, the library/programs building, a warehouse/maintenance building, and the administration building.
- The structures of the buildings vary from slab-on-grade with precast concrete cells for housing units to modular sections on concrete piers for administrative functions. The Library / Programs Building, the Intake / Medical Building, and the Administration Building are modular wood/steel buildings on concrete piers. All buildings are clad in EFIS exterior panels which are in varying stages of failure.
- The Vocational Building, a metal ‘Butler’ type structure, was designed to contain the Laundry and Vocational programs but was partially converted to Dorm inmate housing. The building is not insulated and is not well suited for housing.
- Healthcare services are provided by a private vender using the onsite facilities which are inadequate for the present inmate population.
- Food services are also provided by a private vender at the Middleton facility. The kitchen and central dining are in good condition but the spaces for food preparation and storage appear to be inadequate for the present inmate population.
- The front lobby and visitation area are inadequately sized for the present inmate population.
- There is no outside recreation attached to the segregation housing unit.
- Parking is limited on this crowded site.

Major Issues:

- The EFIS cladding on the building exteriors is failing or failed.
- The underground conduit for exterior parking and perimeter security lighting has failed.
- Wood modular buildings on concrete piers will eventually require major repairs or replacement.

Previously Requested Capital Projects:

- Intake Center
- Modular Replacement

Essex County Correctional Facility - Middleton

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDE01	SHERIFF'S DEPARTMENT MIDDLETON	120 BED	J000101292	REPLACE 0000026333 0000026334 ROOF A/H UNITS	REPLACE POOR EQUIP ROOF A/H UNITS	40,000	Requested
SDE01	SHERIFF'S DEPARTMENT MIDDLETON	ADMINISTRATION	J000107528	PERIMETER & PARKING LIGHTING	REPLACE EXISTING PARKING LOT LIGHTING SYSTEM	120,000	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON		J000110380	REPAIR MAN HOLES & CATCH BASINS	REPAIR OF CATCH BASINS	30,000	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON		J000110385	KITCHEN BOILER REPLACEMENT	REPLACE KITCHEN BOILER UNIT	18,000	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON	120 BED	J000110384	GYM HEATING UNIT	REPLACE GYM HEATING UNIT	25,704	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON	60 BED	J000110391	REPLACE 60/80 BED UNIT ENTRY DOORS	REPLACE BOTH 60/80 BED ENTRY DOORS	27,000	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON	PUMP HOUSE	J000110398	INSTALL FREQUENCY DRIVE @ PUMP HOUSE	FREQUENCY DRIVE PUMP HOUSE	19,278	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON		J000110403	PRESSURE REDUCER VALVES IN HOUSING UNITS	REPLACE REDUCER VALVES HOUSING UNITS	12,852	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON		J000110568	CLEAN FACILITY HVAC DUCT WORK	CLEAN FACILITY HVAC DUCT WORK	85,680	Requested
SDE01	SHERIFF'S DEPARTMENT - MIDDLETON		J000111227	ENERGY EFFICIENT EXTERIOR LIGHTING	ENERGY EFFICIENT EXTERIOR LIGHTING	26,000	Requested
TOTAL ESTIMATED COSTS						\$404,514	

Essex County Correctional Facility - Middleton

Housing Capacity:

ESSEX COUNTY CORRECTIONAL FACILITY - MIDDLETON
(Custody Level: Maximum/Medium)
(Date Built: 1991)

REVISED ON: 10/8/2010

		MEN		WOMEN		SLEEPING SPACE <small>(ACA Standard)</small>				PLUMBING FIXTURES <small>(Mass Plumbing Code)</small>			DAYROOM SPACE <small>(ACA Standard)</small>											
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		GENERAL POPULATION		SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		A				B		C		D		E		COMMENTS		
		SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		GENERAL POPULATION		CURRENT NUMBER OF BEDS		SQUARE FEET <small>(Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)</small>	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS <small>(1.6 Inmates)</small>	SHOWERS <small>(1.8 Inmates)</small>	TOILETS <small>(1.8 Male Inmates, 1.6 Female Inmates)</small>	MAX No. of INMATES	DAYROOM SF <small>(35SF per Inmate)</small>	MAX No. of INMATES	CMP BASELINE CAPACITY <small>(per ACA & Mass Plumbing Code)</small>						
120 Bldg	Cell	x					240	70	2	120	240	120	40	120	320	11,720	335	240						
60 Bldg	Cell	X					120	70	2	60	120	60	10	60	80	5,860	167	80						
80 Bldg	Dorm	X					160	160	4	20	80	16	14	16	96	3,202	91	80						
240 Bldg	Cell	X					480	70	2	240	480	240	40	240	320	23,440	670	320						
Infirmary	Cell/Dorm	x					--											--	Not In Count					
Gym (NTH)	Dorm	X					72	4001	113	1	113	2	0	2	0	3,955	113	0	Not Currently Used					
Voc 1 (NTH)	Dorm	X					20	838	25	1	25	5	7	7	30	875	25	25						
Voc 2 (NTH)	Dorm	X					216	934	27	1	27	10	8	10	60	945	27	27						
Voc 3 (NTH)	Dorm	x					63	1094	30	1	30	10	8	8	48	1,050	30	30						
Voc 4 (NTH)	Dorm	x																	Not Currently Used					
							1371	444											802					
																						915		
																						1185	500	



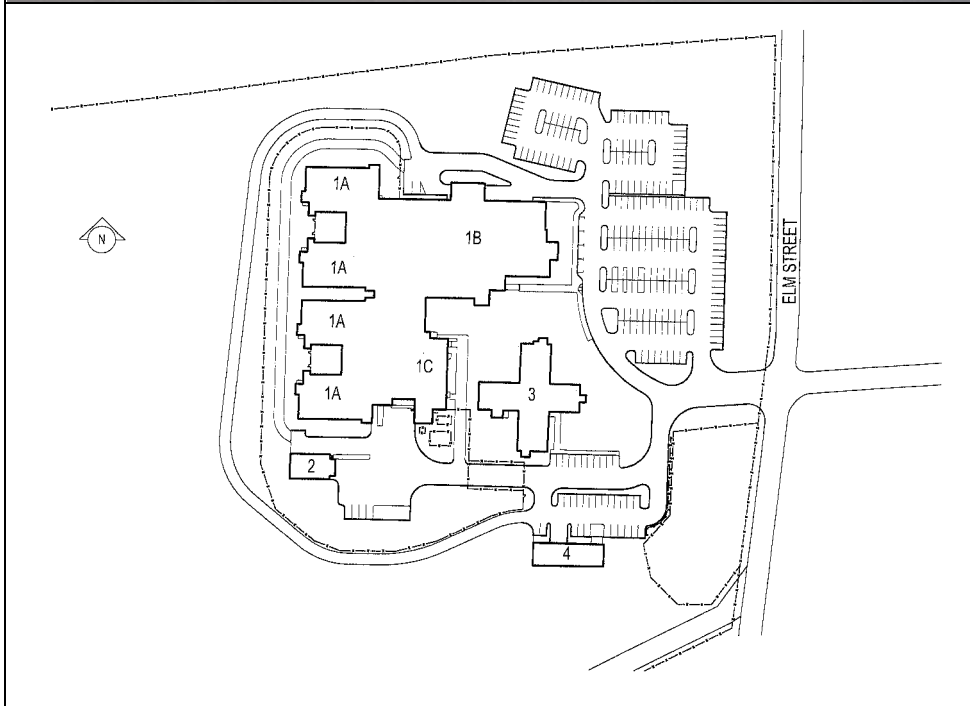
Franklin County Jail and House of Correction

Address: 160 Elm Street
Greenfield, MA 01301

Year Opened: 2007

Security Levels: Pre-Trial, Minimum, Medium & Maximum

Sq. Footage: 118,050 gsf



Buildings

1. Main Building	
1A Housing	
1B Health/Education/ Administration/Intake	99,600 gsf / CAMIS ID 164SDF0601
1C Kitchen/Laundry/ Printing/Mechanical	
2. Warehouse	2,016 gsf / CAMIS ID 164SDF0603
3. Pre-Release/Original Building	13,200 gsf / CAMIS ID 164SDFPB07
4. Maintenance/Garage	3,234 gsf / CAMIS ID 164SDF0602

Franklin County Jail and House of Correction

Description:

- The current Franklin County Jail and HOC in Greenfield is the Commonwealth's newest correctional facility which opened in 2007. It is a steel framed masonry infill structure with precast concrete cell housing units. It is situated on a 47 acre site adjacent to the original 1880 Jail and HOC building.
- The inmate housing is located in four housing pods consisting of 144 cells with 80 square feet of area. The cells are double bunked except for the accessible cells which are single bunked. It is in excellent condition.
- The medical healthcare area has exam rooms with dental and optometrist rooms, pharmacy and a medical record storage room.
- The kitchen and laundry facilities are adequately sized and in excellent condition.
- The facility has a large library and several educational classrooms in excellent condition. It has a Print Shop which provides vocational training.
- The original 1880 building accommodates some administrative offices, and it has two, three-story units, each comprised of 18 cells. The cells are only 48 square feet and dayroom space is limited to the area immediately outside the cells. Female pretrial and sentenced inmates are currently housed in six locked cells in one unit. The other unit was renovated after the new facility opened for male pre-release / work release housing, which involved removing doors from the undersized cells to create sleeping alcoves. Male pre-release inmates were recently moved to the new medium-security facility.

Major Issues:

- The female housing unit mixes classifications (pretrial and sentenced), cell size is not code compliant and often there is only one or two women held in the area with limited oversight by staff. There are few programs available to female inmates due to the population size.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDF00	SHERIFF'S DEPARTMENT - FRANKLIN		J000109186	INSTALLATION/UPGRADE OF SECURITY CAMERA SYSTEM	INCREASE SECURITY CAMERA SYSTEM	21,750	Requested
SDF00	SHERIFF'S DEPARTMENT - FRANKLIN	OLD JAIL BUILDING	J000109185	FY '09 POINTING OF EXTERIOR BRICK	POINT EXISTING BRICK FACADE	198,135	Requested
SDF00	SHERIFF'S DEPARTMENT - FRANKLIN	MAIN BUILDING	J000111254	FY '11 REPLACE 37 WINDOWS - PRE-RELEASE	FY '11 REPLACE 37 WINDOWS - PRE-RELEASE	18,500	Requested
SDF00	SHERIFF'S DEPARTMENT - FRANKLIN	MAIN BUILDING	J000111255	FY '11 REPAIR SLATE ROOF ON "OLD" JAIL	FY '11 REPAIR SLATE ROOF ON "OLD" JAIL	2,000	Requested

TOTAL ESTIMATED COSTS

\$240,385

Franklin County Jail and House of Correction

Housing Capacity:

FRANKLIN COUNTY JAIL AND HOC - GREENFIELD
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 2007) (Old Jail Building Built: 1887)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)			E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)						
Pod A	Cell	x				71	80	2 *	36	72	36	6	36	48	2,595	74	48	Medium Custody	Add: 3 Showers **	72			
Pod B	Cell	x				71	80	2 *	36	72	36	6	36	48	2,595	74	48	Medium Custody	Add: 3 Showers **	72			
Pod C	Cell	x				71	80	2 *	36	72	36	6	36	48	2,595	74	48	Medium Custody	Add: 3 Showers **	72			
Pod D	Cell	x				71	80	2 *	36	72	36	6	36	48	2,595	74	48	Medium Custody	Add: 3 Showers **	72			
Intake	Cell	x				--			5								--	Not in Count	--				
Minimum	Cell	x				28	48	1	28	28	28	4	28	32	1,200	34	28	Old Jail Building		28			
Pre-Release	Dorm	x				12	144	Varies	5	12	2	2	2	12	600	17	12	Old Jail Building		12			
Female	Cell			x		6	48	1	6	6	6	1	6	8	312	9	6	Old Jail Building, Med Custody		6			
						330			188								238		334		268	144	

* = Currently some cells are single bunked HCP

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



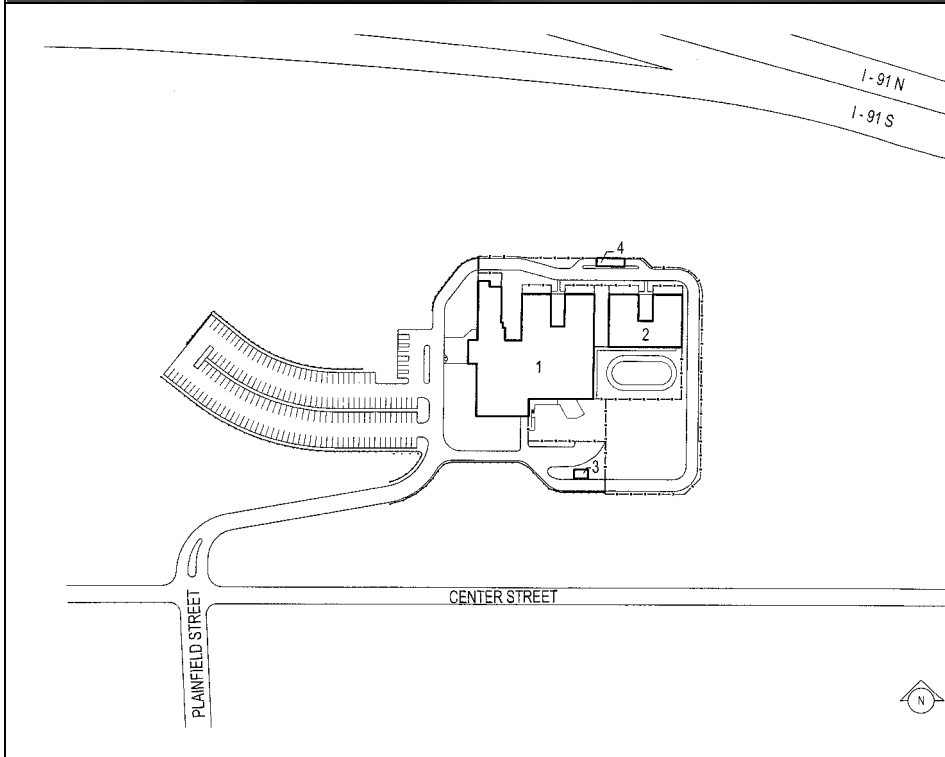
Hampden Western Massachusetts Regional Women's Correctional Center

Address: 701 Center Street
Chicopee, MA 01013

Year Opened: 2007

Security Levels: Pre-release , Minimum & Medium

Sq. Footage: 65,990 gsf



Buildings

1. Main Bldg./Housing (POD 1-1 & 1-2, 4-1)	40,460 gsf / CAMIS ID 258SDH0700 (Main)
	9,725 gsf / CAMIS ID 258SDH0701 (1-1 & 1-2)
	5,565 gsf / CAMIS ID 258SDH0702 (4-1)
2. Housing POD 2-1 & 2-2	10,240 gsf / CAMIS ID 258SDH0703
3. Emergency Generator	--
4. Grounds Maintenance Shed	--

Western Massachusetts Regional Women's Correctional Center

Description:

- The Western Massachusetts Regional Women's Correctional Center is an interconnected two building complex in Chicopee. The facility is located on a cut-fill plateau near the top of a steeply sloping site. The site contains 20 acres but only approximately 6 acres are buildable.
- The buildings are primarily steel structures with masonry block infill and precast concrete cells for housing.
- The female inmate housing is located in six units consisting of 96 cells with 80 square feet and 24 cells with 100 square feet. Most cells are double bunked.
- Medical healthcare consists of four exam rooms, nurses and doctor's offices, and a dental room.
- The kitchen and laundry are adequately sized and are in excellent condition.
- The facility has a moderate sized central library and educational classrooms which are in excellent condition.
- The facility has adequate outdoor recreation space, but lacks an indoor gym.
- The amount of parking is adequate.
- The site has subsurface and grade issues which must be considered with any new construction.
- There are limited opportunities for expansion, beyond a small parcel located south of the recreation yard.

Major Issues:

- The facility does not have an indoor recreation area/gym.

Previously Requested Capital Projects:

- None



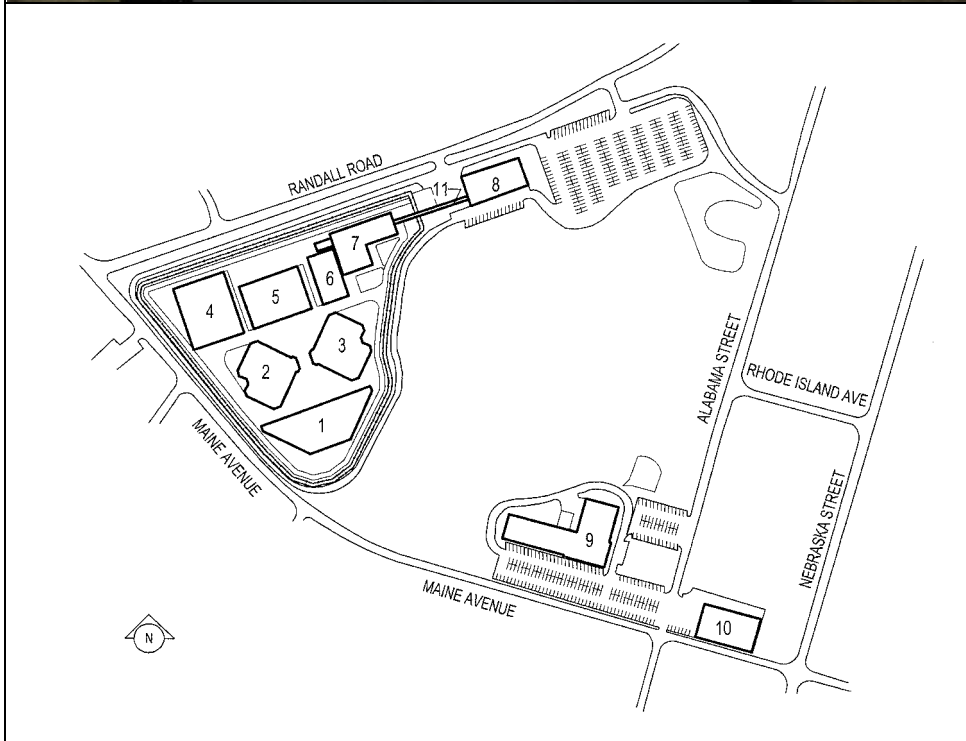
Hampden County Jail and House of Correction - Ludlow

Address: 627 Randall Road
Ludlow, MA 01056

Year Opened: 1992

Security Levels: Maximum, Medium & Minimum

Sq. Footage: 571,284 gsf



Buildings

1. Building C – SMOW	132,740 gsf / CAMIS ID 259SDHPB01
2. Building B – HOC	104,580 gsf / CAMIS ID 259SDHPB07
3. Building A – Jail	104,580 gsf / CAMIS ID 259SDHPB15
4. Programs Building	59,320 gsf / CAMIS ID 259SDHPB20
5. Health and Food Services Bldg.	48,528 gsf / CAMIS ID 259SDHPB21
6. Recreation Building	10,944 gsf / CAMIS ID 259SDHPB19
7. Intake/Visiting Bldg.	11,520 gsf / CAMIS ID 259SDHPB22
8. Admin/Visitor/Court Facility	32,760 gsf / CAMIS ID 259SDHPB09
9. Pre-Release Bldg.	50,384 gsf / CAMIS ID 259SDHPB03
10. Central Warehouse/Auto Maint. Bldg.	13,528 gsf / CAMIS ID 259SDHPB04
11. Pedestrian Sallyport	2,400 gsf / CAMIS ID 259SDHPB13

Hampden County Jail and House of Correction - Ludlow

Description:

- The Hampden County Jail and HOC is an eleven building complex on a 52 acre site. The buildings include three housing towers, an intake building, a programs /vocation/inner administration building, a visitation building, a multi-purpose building, a health and food services building, an administration building and a warehouse/storage facility.
- The main housing units are in three towers consisting of primarily steel structures and precast concrete cells.
- The main food service area is relatively spacious but major pieces of equipment are in marginal condition. The original central dining has been converted to program space with meals delivered to the housing units.
- Health services are located in a portion of the area originally designed as an infirmary. A regional mental health stabilization unit has been closed due to funding issues.
- The facility has extensive program and vocational/industries space. There 15 classrooms and a library for educational programs. All sentenced inmates are required to participate in vocational/educational programs.
- There is no outside recreation area adjacent to the segregation housing.
- The original women's facility was converted to a men's pre-release facility when the Western Massachusetts Regional Women's Correctional Center in Chicopee opened in 2007. It is in good condition and is heavily used.
- Future development is limited to approximately 20 acres due to significant wetland and habitat issues.

Major Issues:

- A large 5 foot diameter storm water drainage culvert is settling and restricting the critical surface flow thru it, potentially impacting the main access road to the facility.
- The exterior façade and roofs of the housing towers have had some issues including failure of the expansion joints caulking.

Previously Requested Capital Projects:

- Recreation Yard adjacent to Segregation Unit.
- Regional Lockup

Hampden County Jail and House of Correction – Ludlow

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW	HEALTH SERVICES / FOOD SERVICES	J000107134	REMOVE MAIN KITCHEN FLOOR AND APPLY SLIP RESISTANT EPOXY	REMOVE EXISTING TILE AND APPLY EPOXY SURFACE	190,000	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW	ADMINISTRATION BUILDING	J000108135	REPLACEMENT OF (3) RTU @ 736 STATE STREET, SPFLD	STUDY AND DESIGN THE REPLACEMENT OF 3 RTU	90,450	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW	GENERATOR HOUSES	J000109826	EMERGENCY POWER GENERATOR CONTROLS FOR DEMAND RESPONSE PROGRAM	W/EMS INSTALL REMOTE SWITCHES FOR EMERGENCY POWER GENERATORS	55,000	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW		J000111304	REPAIR SINK HOLE AND COLAPSED CULVERTS	DESIGN REPAIRS TO SINK HOLE AND COLAPSED CULVERT	50,000	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW	HEALTH SERVICES / FOOD SERVICES	J000111334	STUDY THE OVER BURDENED ELECTRICAL POWER SUPPLY SYSTEM TO THE FA	STUDY THE OVER BURDENED ELECTRICAL POWER SUPPLY SYSTEM	30,000	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW		J000111343	STUDY THE REPLACEMENT OF THE PEREMETER FENCE ALARM	STUDY THE REPLACEMENT OF THE PEREMETER FENCE ALARM	25,000	Requested
SDH00	SHERIFF'S DEPT - HAMPDEN - LUDLOW		J000111352	STUDY THE REPLACEMENT OF THE SECURITY CAMERA SYSTEM -VICON	STUDY THE REPLACEMENT OF THE SECURITY CAMERA SYSTEM - VICON	25,000	Requested
TOTAL ESTIMATED COSTS						\$465,450	



Hampshire County Jail and House of Correction

Address: 205 Rocky Hill Road
Northampton, MA

Year Opened: 1985

Security Levels: Pre-Release, Minimum,
Medium & Maximum

Sq. Footage: 107,114 GSF



Buildings

1. Modular Building	14,000 gsf (Leased)
2. Main Facility	80,000 gsf / CAMIS ID 213HSDPB01
3. Work Release (Building "E")	6,000 gsf / CAMIS ID 213HSDPB03
4. Regional Holding Facility	2,500 gsf / CAMIS ID 213HSDPB06
5. Maintenance Building	4,364 gsf / CAMIS ID 213HSDPB02
6. Observation Tower	250 gsf / CAMIS ID 213HSDPB05
7. Program Modular Bldg. (Caning)	1,428 gsf

Hampshire County Jail and House of Correction

Description:

- The current Hampshire Jail & HOC was opened in 1985. It replaced a Civil War era facility located in downtown Northampton.
- The Main Building contains the secure inmate housing units with 108 male cells and 6 female cells. The cells are 70 square feet with a single bed. The main housing units are in good condition but the small size of the units makes them inefficient for supervision and their split-level design creates serious access issues.
- The administrative space is in good condition but is over-crowded, limiting an increase to inmate housing or programs.
- The Pre-Release Building is in good condition but lacks adequate program space for its 46 beds.
- The Regional Lock-up Building was built in 2001 to provide pre-arraignment housing for nights, weekends, and holidays. It is in excellent condition and appears to be adequately sized for its current and projected use. The Lock-up is empty for almost half the day as individuals are transported directly to the courts for arraignment.
- The Maintenance Building was added in 1993 and is in excellent condition.
- The facility has adequate parking for its current size.

Major Issues:

- The sites' topography has created several access issues that are not easily resolved. Although the site has not been completely developed, its shape and terrain make expansion difficult.
- The main building has fundamental layout issues that contribute to accessibility and security problems. Units are a split-level configuration, requiring half a flight of stairs up or down to access the unit. The dayroom is part of the circulation space.
- The women's unit has no direct natural light into the cells.
- The Modular Housing Building contains two minimum security dorm units with 60 beds each. The building is leased is in poor condition and is well beyond its intended life span.

Previously Requested Capital Projects:

- Modular Housing Replacement
- Housing & Pre-release Expansion

Hampshire County Jail and House of Correction

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	GUARD TOWER	J000107102	FY09 GUARD TOWER REPLACEMENT	REPLACE TOWERS	21,546	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE		J000109205	UPDATE 5 BATHROOMS IN MINIMUM SECURITY BUILDING		0	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107109	FY08 CODE COMPLIANT 2ND EGRESS FROM MEDICAL	INSTALL 2ND EXIT DOOR	6,400	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAINTENANCE GARAGE	J000107105	ASPHALT REPLACEMENT/ ADA PARKING	PAVE ASPHALT DRIVEWAY CONCRETE WALWAYS	40,172	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107110	WINDOW GLASS REPLACEMENT	REPLACE GLAZING AS REQUIRED THROUGHOUT	103,400	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107110	WINDOW GLASS REPLACEMENT	REPLACE DOOR GLASS	13,200	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000109595	COMPRESSOR (PRESSURE VESSEL)-OPERATES ALL PNEUMATIC CONTROLS	COMPRESSOR (PRESSURE VESSEL) OPERATES ALL PNEUMATIC	5,500	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000110477	REPLACE OVERHEAD DOOR IN SALLYPORT AREA	REPLACE OVERHEAD DOOR IN SALLYPORT AREA	9,643	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107103	FY09 FIRE ALRM SYS; ADA & CARBON MONOXIDE COMPLIANCE	REPLACE DETECTORS AND AUDIO VISUALS WITH ADA COMPLIANT UNITS- UPDATED COST	1,755,461	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107108	FY09 SEALING EXTERIOR BLOCK WALL	SEAL GARAGE	15,551	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107111	FY09 AC REPLACEMENT	REPLACE PORTABLE AC UNIT DUCTED INTO DROP CEILING	6,480	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107111	FY09 AC REPLACEMENT	REPLACE WATER COOLED UNITS	38,877	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	PERIMETER SECURITY	J000107113	FY09 PERIMETER SECURITY FENCE	REPAIR OR REPLACE FENCE	1,606,500	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	WORK RELEASE BUILDING	J000110463	REPLACE BOILER IN MINIMUM SECURITY BUILDING	REPLACE BOILER IN WORK RELEASE BUILDING	10,700	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAINTENANCE GARAGE	J000111384	REPLACE ROOF ON MAINTENANCE BUILDING	REPLACE ROOF ON MAINTENANCE BUILDING	37,000	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE		J000111385	MISCELLANEOUS FACILITY STUDIES	4 BUILDINGS ALL 25 YEARS OLD REQUIRING STUDIES FOR REPAIR	200,000	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107108	FY09 SEALING EXTERIOR BLOCK WALL	SEAL CONCRETE BLOCK ON MAIN BUILDING.	90,610	Requested
HSD00	SHERIFF'S DEPARTMENT - HAMPSHIRE	MAIN BUILDING	J000107108	FY09 SEALING EXTERIOR BLOCK WALL	SEAL WORK RELEASE BUILDING	19,216	Requested
TOTAL ESTIMATED COSTS						\$3,980,256	

Hampshire County Jail and House of Correction

Housing Capacity:

HAMPSHIRE COUNTY JAIL AND HOC - NORTHAMPTON
(Custody Level: maximum/Medium/Minimum/Pre-Release)
(Date Built: 1985)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE <small>(ACA Standard)</small>				PLUMBING FIXTURES <small>(Mass Plumbing Code)</small>			DAYROOM SPACE <small>(ACA Standard)</small>		COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>	GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		SQUARE FEET	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS <small>(1.6 Inmates, 1-3) (1.8 Inmates, R-2)</small>	SHOWERS <small>(1.8 Inmates)</small>	TOILETS <small>(1.8 Male Inmates, 1.6 Female Inmates)</small>	C	DAYROOM SF <small>(355F per Inmate)</small>						D
Housing Block	Cell	x				84	70	2	84	168	84	14	84	112	4,007	114	112				
SMU	Cell		x			24	70	2	24	48	24	4	24	32	840	24	24	Maximum Custody			
Lower Level	Cell			x		6	70	2	6	12	6	2	6	16	507	8	8				
Medical	Cell	x				(8)	70	2	3	6	3	1	3	8			(8)	Not In Count			
Holding / Intake	Cell	x				(3)	70	2	3	6	3	1	3	8			(3)	Not In Count			
North Modular (MW)	Dorm	x				60	386	6	5	30	9	9	9	64	2,100	60	60				
		x					260	4	5	20											
South Modular (MW)	Dorm	x				60	386	6	5	30	9	9	9	64	2,100	60	60				
		x					260	4	5	20											
Release/Pre-Release	Room	x				46	120	3	17	51	11	5	11	40	1,375	NA	40				
Regional Holding Facility	Cell	x				(24)	54	1	24	24	24	4	24	32	1,149	33	(24)	Not In Count - Regional Lock Up			
						280	181										304				
																		315			
																		285 248			

(MW) = Modular Wood Building

* (287) Occupancy Permit

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



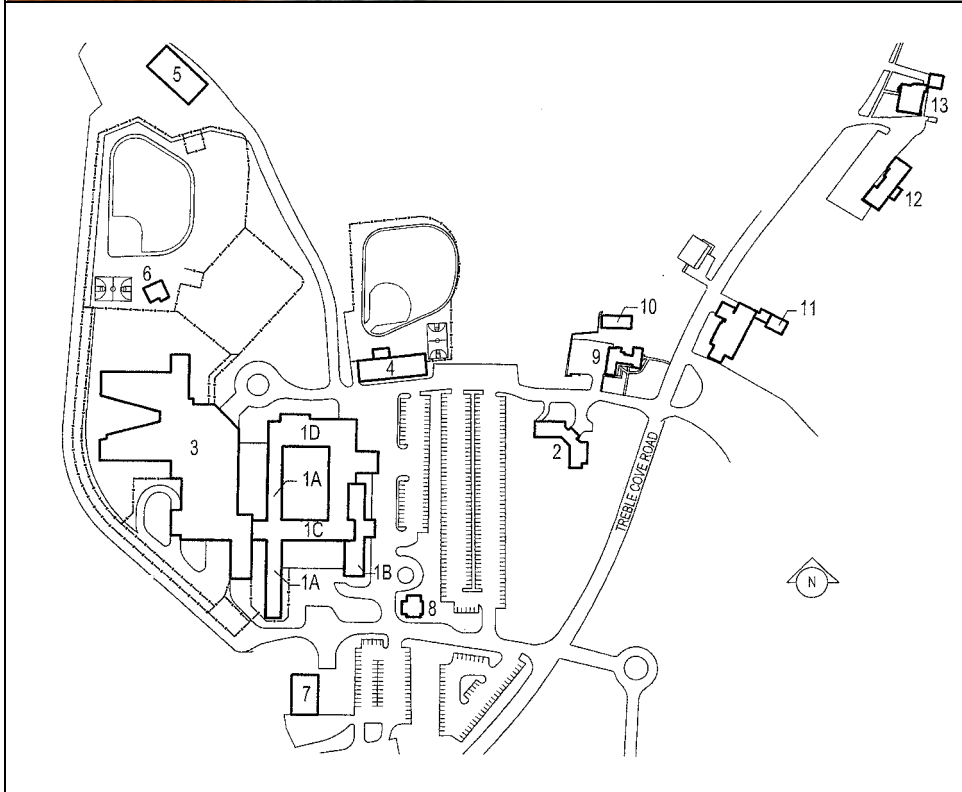
Middlesex County House of Correction

Address: 269 Treble Cove Road
Billerica, MA 01821

Year Opened: 1929

Security Levels: Minimum & Medium

Sq. Footage: 347,818 gsf



Buildings

1. Original Facility	
1A Housing	
1B Administration	121,544 gsf / CAMIS ID 418SDMPB02
1C Recreation	
1D Service	
2. Work Release	6,200 gsf / CAMIS ID 418SDMPB04
3. Addition: Housing/Support	175,000 gsf / CAMIS ID 418SDM0501
4. CWP Building	20,400 gsf / CAMIS ID 418SDMPB01
5. Transportation Office & Garage	4,200 gsf / CAMIS ID 418SDM0301
6. Weight Room (Roof Only)	--
7. Warehouse	4,889 gsf / CAMIS ID 418SDM0802
8. Visitor Center	1,785 gsf / CAMIS ID 418SDM0801
9. Offices (Semi Vacant)	6,300 gsf / CAMIS ID 418SDMPB03
10. Greenhouse	--
11. Barn (Collapsing)	7,500 gsf / CAMIS ID 418SDMPB03
12. SOU SWAT Team	--
13. Sheriff Offices	--

Middlesex County House of Correction

Description:

- The Middlesex Jail and House of Correction in Billerica was opened in 1929. The main building was a brick and steel framed structure with 300 cells which were originally double bunked. In 2006, a new 256 cell Pod Housing Unit was built adjoining the original Tier Housing Unit. The facility currently houses both pre-trial and sentenced male inmates.
- The Pod kitchen facilities were designed and constructed to meet the needs of the existing facility, the Pod Unit, and also the addition of a future Pod.
- The central dining areas in the original main building and the new pod facility have been converted to program / activity space with all food delivered to the cells.
- The central laundry facilities are housed in the old main building. The space is adequate but the condition and capacity of the equipment is marginal.
- The Community Work Program Building and the Work Release Building house minimum and pre-release inmates. The CWP Building is a reinforced concrete and brick masonry structure built in approximately 1936. The Work Release Building is a wood frame structure constructed in approximately 1930 as the Sheriff's House.
- A pre-engineered metal building was built in 2001 to contain storage, the transportation office, and the locksmith shop.
- A new Visitor Center and a new Warehouse were added in 2009. A passenger van is used to shuttle visitors from the Center to the Pod lobby, adding to operational costs.
- The site has adequate area within the secure perimeter for a major housing addition.

Major Issues:

- The Tier Housing Unit's interior has been renovated but its exterior metal cell windows are in poor condition and require replacement.
- Several areas on the main building's façade have structural issues with the exterior brick masonry.
- The Tier Housing Unit's cells have ventilation issues resulting in high temperatures in the upper tier during the summer.
- The Maintenance and Welding Shop is in the basement of the CWP Building which includes inmate housing. There is no second means of egress from the Maintenance Shop. The building does not have a sprinkler system and has numerous accessibility issues. A large percentage of the wood trim at the roof line requires replacement.
- The Work Release Building has only wooden fire egress stairs.

Previously Requested Capital Projects:

- Additional Housing Unit

Middlesex County House of Correction

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	TIER BUILDING	J000085105	REPAIR ENTIRE ENVELOPE OF BLDG, REPLACE ORIG WINDOWS & MASONRY	STUDY	580,000	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	TIER BUILDING	J000085105	REPAIR ENTIRE ENVELOPE OF BLDG, REPLACE ORIG WINDOWS & MASONRY	CONSTRUCTION REPAIR - CRACKING, CRUMBLING, WINDOW REPLACE	75,000	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	WORK RELEASE (BLDG 4)	J000085105	REPAIR ENTIRE ENVELOPE OF BLDG, REPLACE ORIG WINDOWS & MASONRY	STUDY	620,842	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	COMMUNITY WORK PROGRAM (BLDG 3)	J000111363	COMMUNITY WORK BUILDING PLUMBING PROJECT	COMMUNITY WORK BUILDING PLUMBING PROJECT	204,550	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	COMMUNITY WORK PROGRAM (BLDG 3)	J000111364	COMMUNITY WORK BUILDING SPRINKLER SYSTEM	COMMUNITY WORK BUILDING SPRINKLER SYSTEM	66,400	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	WORK RELEASE (BLDG 4)	J000111367	WORK RELEASE BUILDING PLUMBING & HVAC	WORK RELEASE BUILDING PLUMBING & HVAC	194,980	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	WORK RELEASE (BLDG 4)	J000111368	WORK RELEASE FIRE ESCAPES	WORK RELEASE FIRE ESCAPE	78,900	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	COMMUNITY WORK PROGRAM (BLDG 3)	J000111375	COMMUNITY WORK BUILDING STRUCTURE & FOUNDATION	COMMUNITY WORK BUILDING STRUCTURE & FOUNDATION	260,325	Requested
SDM01	SHERIFF'S DEPARTMENT - MIDDLESEX B	COMMUNITY WORK PROGRAM (BLDG 3)	J000111378	COMMUNITY WORK HVAC	COMMUNITY WORK BUILDING HVAC	286,350	Requested
TOTAL ESTIMATED COSTS						\$2,367,347	

Middlesex County House of Correction

Housing Capacity:

MIDDLESEX COUNTY HOUSE OF CORRECTIONS - BILLERICA
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 1929)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF minimum, or 25SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1.3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C MAX No. of INMATES							DAYROOM SF (25SF per Inmate)
Tier Bldg - Segregation	Cell	x				--	48	1	10	10	10	--	10	--	--	Not occupied, limited natural light					
Tier Bldg - Tier A & B	Cell	x				100	48	1	50	50	101	12	99	96	3,420	98	96	Medium Custody			
Tier Bldg - Tier C & D	Cell	x				98	48	1	49	49								96			
Tier Bldg - PC (Dorm)	Dorm	x				65	1575	63	1	63	8	5	8	40	2,225	63	40	Protective Custody	Add: 3 Showers	63	
Tier Bldg - Tier E & F	Cell	x				100	48	1	50	50	101	11	100	88				Add: 2 Showers; Renovate: add Dayroom Area	100		
Tier Bldg - Tier G & H	Cell	x				100	48	1	50	50					3,933	112	112	Medium Custody	Add: 2 Showers; Renovate: add Dayroom Area	100	
Tier Bldg - Tier I & J	Cell	x				50	48	1	50	50	101	11	100	88							
Tier Bldg - Tier K & L	Cell	x				50	48	1	50	50											
Pod Bldg - Pod A	Cell	x				126	81	2	64	128	64	10	64	80	3,300	94	80		Add: 6 Showers	128	
Pod Bldg - Pod B	Cell	x				126	81	2	64	128	64	10	64	80	3,300	94	80	Medium Custody	Add: 6 Showers	128	
Pod Bldg - Pod C	Cell	x				126	81	2	64	128	64	10	64	80	3,300	94	80		Add: 6 Showers	128	
Pod Bldg - Pod D	Cell	x				126	81	2	64	128	64	10	64	80	3,300	94	80		Add: 6 Showers	128	
Pod Bldg - Intake	Cell	x				--											--	(not in count)			
Pod Bldg - Infirmary	Cell	x				--											--	(not in count)			
CWP Bldg - Plaza 1 (Dorm) *	Dorm	x				20			1	20							20			20	
CWP Bldg - Plaza 2 (Dorm) *	Dorm	x				22			1	22	9	6	11	48	1,432	41	22			22	
CWP Bldg - Plaza 3 (Dorm) *	Dorm	x				28	Varies	Varies	10	28							28	Minimum Custody		28	
Work Release Bldg - House #1 (Dorm) *	Dorm	x				20	Varies	Varies	10	20	12	8	7	56	NA	NA	20			20	
Work Release Bldg - House #2 (Dorm) *	Dorm	x				26	Varies	Varies	7	26							26			26	
						1183	595										684		987	841	874

* = Current beds carried in CMP Baseline Capacity due to lack of information.



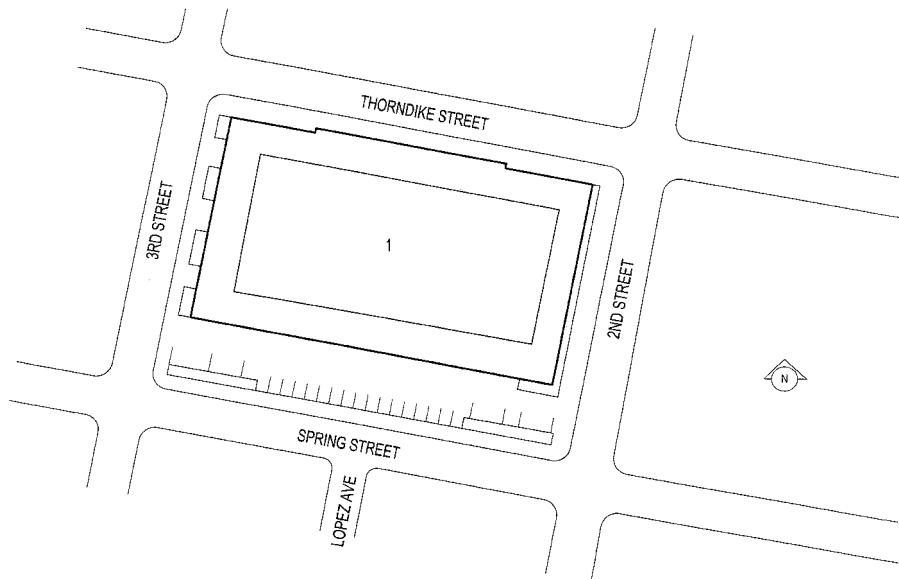
Middlesex County Jail

Address: 40 Thorndike Street
Cambridge, MA 02141

Year Opened: 1983

Security Levels: Maximum, Minimum

Sq. Footage: 84,608 gsf



Buildings

1. Middlesex County Jail

84,608 gsf / CAMIS ID 445SDMPB01

Middlesex County Jail

Description:

- The Cambridge Superior Courthouse complex was designed and built in the early 1970's during a period of urban social unrest. A new jail for Middlesex County in Cambridge was incorporated into the design to be situated in the top four floors of the 20 story Courthouse High-rise. It is one of the few high-rise maximum security lockups in the country. It was not occupied until 1983, ten years after the buildings completion.
- The Trial Court has vacated the lower floors of the building and the State intends to disposition the building for private development once the jail occupants are able to be relocated.

Major Issues:

- The facility contains friable asbestos fireproofing applied to the steel structure.
- The building is vacant except for the top four floors and the Jail sally port/receiving area on the ground level. Lack of maintenance of the buildings systems is a critical issue. Keeping the entire building operating for a single occupant is extremely costly and inefficient.
- Life-safety is a critical concern because staff and inmates must be evacuated down over 16 stories of stairs in an emergency.

Previously Requested Capital Projects:

- Replacement Jail

CAMIS Requested Projects: None.

Housing Capacity:

MIDDLESEX COUNTY JAIL - CAMBRIDGE
(Custody Level: Maximum/Minimum)
(Date Built: 1973; Date Occupied: 1983)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			B	PLUMBING FIXTURES (Mass Plumbing Code)			C	DAYROOM SPACE (ACA Standard)		D	E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET	INMATES PER ROOM	NUMBER OF CELLS / DORMS		SINKS	SHOWERS	TOILETS		DAYROOM SF	MAX No. of INMATES							
Middlesex County Jail		x	x			274	-	-	136														
						274			136													369	161

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



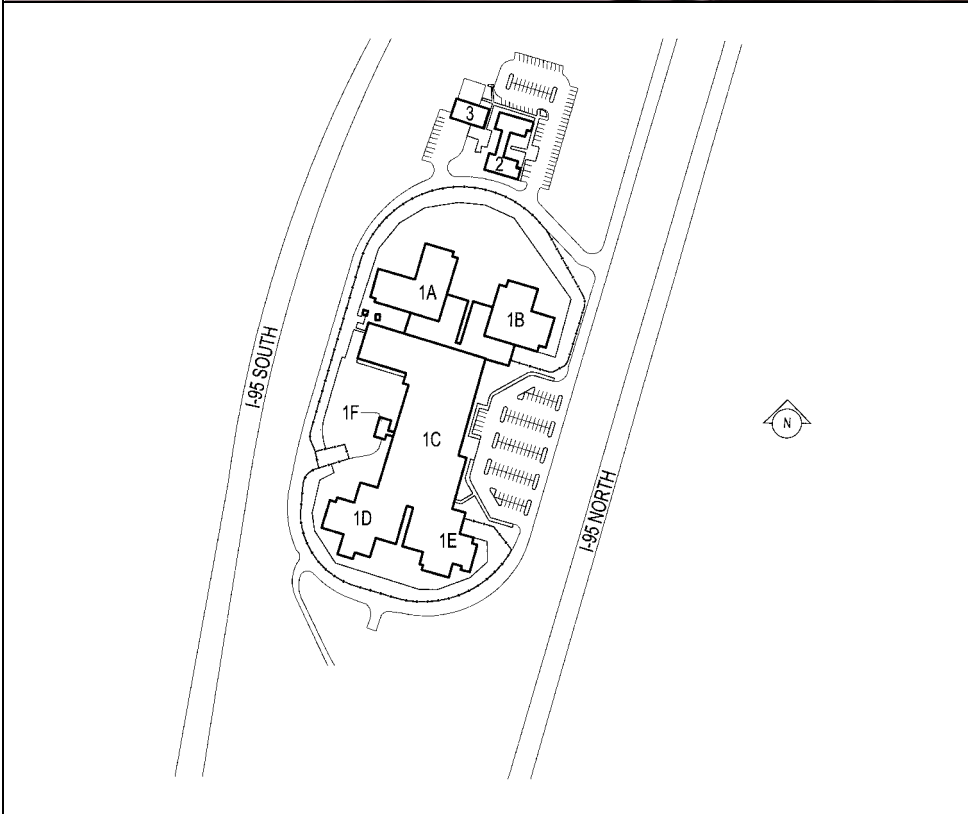
Norfolk County Correctional Center

Address: 200 West Street
P.O. Box 149
Dedham, MA 02027

Year Opened: 1990

Security Levels: Maximum, Medium, Pre-Release

Sq. Footage: 154,500 gsf



Buildings

1. Main Building	
1A HOC I	
1B HOC II	
1C Central unit	140,000 gsf / CAMIS ID 604SDN0200
1D Jail	
1E Segregation Unit	
1F Sallyport	
2. Pre-Release	12,000 gsf / CAMIS ID 604SDN0202
3. Maintenance	2,500 gsf / CAMIS ID 604SDN0201

Norfolk County Correctional Center

Description:

- The current Norfolk County Correctional Facility in Dedham was constructed on the median of Interstate I-95 and opened in 1990. The Main Building is a steel frame structure with two level precast concrete housing units. The facility only houses male inmates. The gym has been turned into temporary dorm housing.
- The Dedham Alternative Center with 128 beds is a two level pre-release facility located outside the secure perimeter.
- Administrative space is limited and staff share offices/cubicles.
- Inmates are feed in housing unit dayrooms.
- The Medical and Mental Health Services area is inadequate for the inmate population but is in good condition.
- The Library and adjacent four classrooms are in good condition.
- The site has very limited expansion capacity due to its location on the median strip of the interstate.

Major Issues:

- The electronic security systems are obsolete and difficult to maintain.

Previously Requested Capital Projects:

- Housing Expansion
- Storage Warehouse

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDN00	SHERIFF'S DEPARTMENT - NORFOLK	MAIN FACILITY	J000110213	REPLACE 2 CHILLERS	REPLACE 2 CHILLERS PROJECT	642,600	Requested
SDN00	SHERIFF'S DEPARTMENT - NORFOLK	MAIN FACILITY	J000110217	REPLACE 2 BOILERS		321,300	Requested

TOTAL ESTIMATED COSTS

\$963,900

Norfolk County Correctional Center

Housing Capacity:

NORFOLK COUNTY CORRECTIONAL CENTER - DEDHAM
(Custody Level: Maximum/Medium/Pre-Release)
(Date Built: 1990)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 355SF min unencumbered Double - 505F unencumbered or 705F Total Dorm - 253F unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B MAX NUMBER OF BEDS	SINKS (1.6 inmates, 1-3) (1.8 inmates, R-2)	SHOWERS (1.8 inmates)	TOILETS (1.8 Male inmates, 1.6 Female inmates)	C MAX No. of INMATES	DAYROOM SF (355F per inmate)	D MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		
Ad Seg	Cell	x				60	73	2	30	60	20	3	20	24	840	24	24	Administration Seg.	24
D-Iso	Cell	x				10	80	2	10	20	11	2	11	16	?	?	16	**	20
P-Max	Cell	x				40	80	2	20	40	21	4	21	32	675	19	19		19
P-Med	Cell	x				62	80	2	30	60	30	5	30	40	874	25	25		25
HSU	Cell		x			--			8								--	8 cells, 19 beds (not in count)	--
Intake	Cell	x				--			6								--	6 cells, 16 beds (not in count)	--
H1A	Cell	x				94	80	2	48	96	49	10	49	80	2,185	62	62		62
H1B	Cell	x				94	80	2	48	96	49	10	49	80	2,185	62	62		62
H2A	Cell	x				96	80	2	24	48	25	8	25	64	1,106	32	32		32
H2B	Cell	x				96	80	2	24	48	25	8	25	64	1,106	32	32		32
H3 (Gym Dorm)	Dorm	x				64		1		64	6	5	10	36	1,880	54	36	Add: 5 Sinks, 3 Showers **	54
Dedham Alt. Center (Pre-Release)	Dorms	x				128	130	3	55	165	18	12	16	64	NA	NA	64	Add: 8 Sinks, 4 Showers	128
						744			304								372		
																	458	647	302

** = or Shower Controls



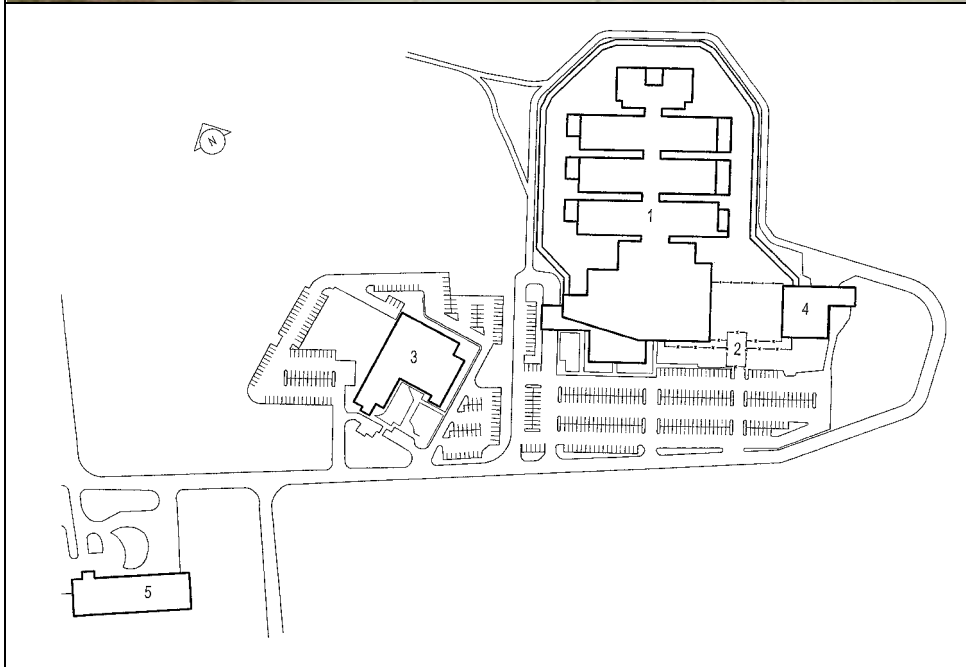
Plymouth County Correctional Facility

Address: 26 Long Pond Road
Plymouth, MA

Year Opened: 1994

Security Levels: Minimum, Medium & Maximum

Sq. Footage: 245,464 gsf



Buildings

1. Plymouth HOC	351,537 gsf / CAMIS ID 720SDP0901
2. Vehicle Sally port	--
3. Admin Bldg (County)	49,630 gsf / CAMIS ID 720SDP0900
4. Warehouse/Correctional Industries	13,886 gsf / CAMIS ID 720SDP0902
5. Warehouse/Canteen/K-9	20,000 gsf / CAMIS ID 720SDP0903

Plymouth County Correctional Facility

Description:

- The Plymouth County Correctional Facility in Plymouth was opened in 1994 and is situated on 20 acres. It is the largest correctional facility under a single roof in the Commonwealth. It is a steel framed structure with precast concrete cell housing units. It was designed to minimize inmate movement by providing most services at the individual housing units. The facility currently houses male inmates from the County, DOC, Department of Youth Services, Federal Marshalls Service, and ICE.
- Food is prepared in a Central Kitchen and transported to the housing units.
- A new warehouse was built outside the secure perimeter. The original warehouse built within the secure perimeter is only partially used for training and could be repurposed.
- There is no minimum or pre-release housing for step-down/re-entry programs.

Major Issues:

- There are major problems with the housing shower units and security control panels.
- There are food service equipment and sewerage issues.

Previously Requested Capital Projects:

- Pre-release Facility
- Regional Public Safety Training Center

CAMIS Requested Projects: None.

Plymouth County Correctional Facility

Housing Capacity:

PLYMOUTH COUNTY CORRECTIONAL FACILITY - PLYMOUTH
(Custody Level: Maximum/Medium/Minimum)
(Date Built: 1994)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)			E			
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1:6 Inmates)	SHOWERS (1:8 Inmates)	TOILETS (1:8 Male Inmates, 1:6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)				
A1 (Cells)	Cell	x				4	83	2	4	8	4		4						
A1 (Dorms)	Dorm	x				48	150	4	11	44		7		56	3,209	92	54		
A1 (Dorms)	Dorm	x				2	75	2	1	2		6							
BN1 (Dorm)	Dorm	x				60	2049	42	1	42	7	7	7	42	1,470	42	42		
BN2 (Dorm)	Dorm	x				54	2049	42	1	42	7	7	7	42	1,470	42	42		
BS1 (Dorm)	Dorm	x				60	2049	42	1	42	7	7	7	42	1,470	42	42		
BS2 (Dorm)	Dorm	x				52	2049	42	1	42	7	7	7	42	1,470	42	42		
C1	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
C3	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
DN1	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
DN3	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
DS1	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
DS3	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
E1	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
E3	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
FN1	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
FN3	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
FS1	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
FS3	Cell	x				62	177	4	14	56	14	3	14	24	4,284	122	24		
GNE	Cell	x				39	83	2	10	20	10	3	10	24	1,785	51	20	Maximum Segregation	
GNW	Cell	x				39	83	2	10	20	10	3	10	24	1,785	51	20	Maximum Segregation	
GSE	Cell	x				24	83	2	7	14	7	2	7	16	1,296	37	14	Maximum Segregation	
GSw	Cell	x				15	83	2	7	14	7	2	7	16	1,296	37	14	Maximum Segregation	
H1	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
H3	Cell	x				139	81	2	70	140	70	9	70	72	7,424	212	72		
						1727			586								914		

IMPROVEMENTS	POTENTIAL CAPACITY		
	54		
	42		
	42		
	42		
	42		
	72		
	72		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
Add: 9 Showers **	140		
Add: 9 Showers **	140		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
Add: 4 Showers **	56		
	20		
	20		
	14		
	14		
Add: 9 Showers **	140		
Add: 9 Showers **	140		
	1,442		

AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
1270	1140

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



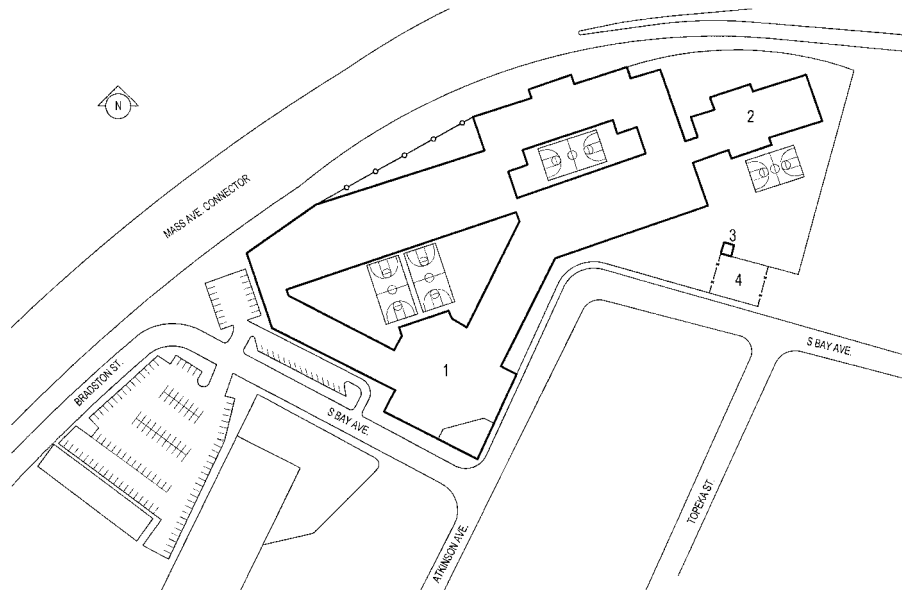
Suffolk County House of Correction

Address: 200 Bradston Street
Boston, MA 02118

Year Opened: 1991

Security Levels: Minimum, Medium & Maximum

Sq. Footage: 565,642 gsf



Buildings

1. Building 1	192,050 gsf / CAMIS ID 551SDS0201
2. Building 2	21,012 gsf / CAMIS ID 551SDS0202
3. Building 3	168,568 gsf / CAMIS ID 551SDS0203
4. Building 4	51,420 gsf / CAMIS ID 551SDS0204
5. Building 5	64,254 gsf / CAMIS ID 551SDS0205
6. Building 6	23,988 gsf / CAMIS ID 551SDS0206
7. Control Tower	--
8. ICE Bldg. (Modular)	43,000 gsf / CAMIS ID 551SDS0501
9. Vehicle Trap	1,350 gsf / CAMIS ID 551SDS0207

Suffolk County House of Correction

Description:

- The current Suffolk County (South Bay) House of Correction is an eight building interconnected complex. It opened in 1991 to replace the Deer Island House of Correction.
- Building 1 is a fourteen story building with eleven floors of inmate housing. There are many blind spots in these housing units. Roofing/mechanical project is underway. There are no water supply shut-off valves for the showers from the 4th thru the 11th floor. Female housing units on the 11th floor have “dry” cells.
- Building 2 is a two story structure containing administrative offices and staff functions. Roofing/building sealant/window replacement project is underway. There are mechanical equipment issues
- Building 3 is a four story building with classrooms, library, laundry, and vocational space on the first floor. There is inmate housing on the second and fourth floors. Classroom space is heavily used. The laundry equipment is original to the facility and it will be difficult to replace as the original equipment was delivered disassembled prior to completion.
- Building 4 is a three story building with the inmate dining hall on the first floor and inmate housing on the upper two levels. Roofing/building sealant/window replacement project is underway. There are mechanical equipment issues. The housing units have “dry” cells.
- Building 5 is a two story structure with the Kitchen and Canteen on the first floor and the inmate gym on the second floor. Roofing/building sealant/window replacement project is underway. There are mechanical issues. Roll-up doors at the loading dock have issues.
- Building 6 is a two story building containing Booking and Property on the first floor and the Medical and Dental Services on the second floor. Roofing/building sealant/window replacement project is underway. There are mechanical equipment issues.
- Building 7 is a three story structure adjacent to the Vehicle Trap and occupied by functions associated with it. There is no roof hatch to access roof top HVAC units. There are mechanical equipment issues.
- Building 8 is a four level precast concrete modular structure with one floor of administrative space and three floors of dormitory inmate housing. The housing units have “dry” cells. The building’s structure is a precast concrete plank and wall system with metal stud and gypsum wall board infill. The building was originally designed as a women’s facility but was later used to house ICE detainees. The building opened in 2003.

Major Issues:

- Electronics for control panels are obsolete.
- Certain housing units have porcelain sinks and toilets in cells that should be replaced with stainless steel for security.
- There are no shut-off valves on water piping to isolate buildings.
- There are numerous broken security windows at the facility. The lack of any perimeter setback and the proximity of highways expose the facility to threats such as drive-by shootings.
- HVAC and roofing needs replacement at numerous buildings. Current DCAM projects are underway
- Parking is a major issue due to the limited urban site.
- The site has extremely limited area for expansion.

Previously Requested Capital Projects:

- None

Suffolk County House of Correction

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #6 INFIRMARY	J000107562	FY08 CCTV SYSTEM FOR DEVER INFIRMARY @ HOC	FY08 CCTV SYSTEM FOR DEVER INFIRMARY @ HOC	44,820	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #8 HOUSING	J000107566	SUFFOLK JAIL MODS STUDY-STRUCTURAL & MECHANICAL PROBLEMS @ HOC	SUFFOLK JAIL MODS - STRUCTURAL & MECHANICAL PROBLEMS @ HOC	247,226	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #4 PRISON	J000107567	CONVERSION OF DRY CELLS TO WET CELLS, SOUTH BAY HOC	CONVERSION OF DRY CELLS TO WET CELLS, SOUTH BAY HOC	7,050,164	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #4 PRISON	J000107570	PTZ AND FIXED CAMERAS MONITORING EXTERIOR OF HOC PERIMETER	PTZ AND FIXED CAMERAS MONITORING EXTERIOR OF HOC PERIMETER	500,000	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #1 TOWER	J000107571	REPLACEMENT OF SECURITY MANAGEMENT SYSTEM AT HOC & NSJ	REPLACEMENT OF SECURITY MANAGEMENT SYSTEM AT HOC & NSJ	198,903	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #2 ADMINISTRATION	J000109869	DIGITAL VIDEO RECORDERS (DVR) AT HOC	DIGITAL VIDEO RECORDERS (DVR) AT HOC	250,000	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #2 ADMINISTRATION	J000110433	COOLING SYSTEM FOR IT ROOM AT HOC	FY10 COOLING SYSTEM FOR IT ROOM AT HOC	60,000	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG #5 SUPPORT SERVICES	J000110437	REPLACEMENT OF KITCHEN STEAM BOILERS AT HOC	FY10 REPLACEMENT OF KITCHEN STEAM BOILERS AT HOC	0	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 4 PRISON	J000107570	FY10 PTZ AND FIXED CAMERAS MONITORING EXTERIOR OF HOC PERIMETER	FY10 PTZ AND FIXED CAMERAS MONITORING EXTERIOR OF HOC PERIMETER	535,500	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS		J000109845	FY10 DEF MAINT - SHOWER RENOVATIONS AT HOC	FY10 SHOWER RENOVATIONS AT HOC	490,000	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 5 SUPPORT SERVICES	J000110432	FY10 REPLACEMENT OF DOMESTIC HOT WATER BOILERS	FY10 REPLACEMENT OF DOMESTIC HOT WATER BOILERS	642,600	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 5 SUPPORT SERVICES	J000110434	FY10 REPLACEMENT OF HOT WATER BOILER CLOSED LOOP SYSTEM AT HOC	FY10 REPLACEMENT OF HOT WATER BOILER CLOSED LOOP SYSTEM	589,050	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 5 SUPPORT SERVICES	J000110435	FY10 REPLACEMENT OF 20 INTERIOR WATER SOURCE HEAT PUMPS AT HOC	FY10 REPLACE 20 INTERIOR WATER SOURCE HEAT PUMPS AT HOC	267,750	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 5 SUPPORT SERVICES	J000110436	FY10 REPAIR/REPLACE BYPASS SYSTEM FOR THE COOLING TOWER AT HOC	FY10 REPAIR/REPLACE BYPASS SYSTEM FOR THE COOLING TOWER AT HOC	160,650	Requested
SDS00	SUFFOLK COUNTY HOUSE OF CORRECTIONS	BLDG NO. 5 SUPPORT SERVICES	J000110438	FY10 EPOXY FLOORING SYSTEM FOR KITCHEN AT HOC	FY10 EPOXY FLOORING SYSTEM FOR KITCHEN AT HOC	0	Requested
TOTAL ESTIMATED COSTS						\$11,036,663	

Suffolk County House of Correction

Housing Capacity:

SUFFOLK COUNTY HOUSE OF CORRECTION - SOUTH BAY (BOSTON)
(Custody Level: Medium/Pre-Release)
(Date Built: 1991)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES							DAYROOM SF (35SF per Inmate)
1-1-1	Dorm	x				58	106	3	12	36	5	3	4	24	342	10	10	Pre-release	10		
1-2-1	Dorm	x				62	125	4	17	68	12	8	10	64	2,461	70	64	Re-entry	64		
1-3-1	Cell	x				16	72	2	16	32	16	3	16	24	1,496	43	24	Add: 1 Shower **	32		
1-3-2	Cell	x				32	72	2	16	32	16	3	16	24	1,685	48	24	Add: 1 Shower **	32		
1-4-1	Cell	x				16	72	2	16	32	16	3	16	24	1,675	48	24	Add: 1 Shower **	32		
1-4-2	Cell	x				16	72	2	16	32	16	3	16	24	1,309	37	24	Add: 1 Shower **	32		
1-5-1	Cell	x				48	72	2	16	32	16	3	16	24	1,675	48	24	Add: 1 Shower **	32		
1-5-2	Cell		x			14	72	1	6	6	6	2	6	16	672	19	6	Max Seg Cells	6		
1-6-1	Cell	x				64	72	2	32	64	32	6	32	48	3,181	91	48	Add: 2 Showers **	48		
1-6-2	Cell	x				64	72	2	32	64	32	6	32	48	3,181	91	48	Add: 2 Showers **	48		
1-8-1	Cell	x				32	72	2	16	32	16	3	16	24	1,675	48	24	Add: 1 Showers **	32		
1-8-2	Cell	x				32	72	2	16	32	16	3	16	24	1,309	37	24	Add: 1 Showers **	32		
1-9-1	Cell			x		32	72	2	16	32	16	3	16	24	1,675	48	24	Women	32		
1-9-2	Cell			x		32	72	2	16	32	16	3	16	24	1,309	37	24	Women	32		
1-10-1	Cell			x		32	72	2	10	20	10	3	10	24	1,170	33	20	Women Max Seg Cells	20		
1-10-2	Cell			x		47	72	2	16	32	16	3	16	24	1,685	48	24	Women	32		
1-10-3	Cell				x	6	72	1	6	6	6	1	6	8	568	16	6	Women Max Seg - Disciplinary Unit-6 (Not In Count)	6		
1-10-4	Cell					--											--	Infirmary	--		
1-11-1	Cell			x		36	72	2	16	32	1	3	3	6	1,496	43	6	Women	32		
1-11-2	Cell			x		36	72	2	16	32	1	3	3	6	1,685	48	6	Women	32		
3-1	Cell	x				180	70	2	64	128	64	11	64	88	36,296	1,037	88	Add: 5 Showers **	128		
3-2	Cell	x				180	70	2	64	128	64	11	64	88			88	Add: 5 Showers **	128		
3-3	Cell	x				180	70	2	64	128	64	11	64	88			88	Add: 5 Showers **	128		
3-4	Cell	x				180	70	2	64	128	64	11	64	88			88	Add: 5 Showers **	128		
4-1	Dorm	x				72	123	3	24	72	2	12	16	12	6,653	190	12	Add 10 Sinks	72		
4-2	Dorm	x				144	123	3	48	144	10	14	16	60	6,653	190	60	Add 14 Sinks, 4 Showers **, 2 Toilets	144		
4-3	Dorm	x				72	123	3	24	72	2	12	16	12	6,653	190	12	Currently Closed	72		
6-2-1	Cell	x		x		--			18								--	Infirmary (Not In Count)	--		
Intake	Cell					--			4								--	Not In Count	--		
8-1	Dorm	x				75	318	6	13	78	13	10	13	78	1,635	47	47		47		
8-2	Dorm	x				75	318	6	13	78	13	10	13	78	1,635	47	47		47		
8-3	Dorm	x				75	318	6	13	78	13	10	13	78	1,635	47	47		47		
8-4	Dorm	x				75	318	6	13	78	13	10	13	78	1,635	47	47		47		
						1,983	733									1,077			1,574	1698	1146

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



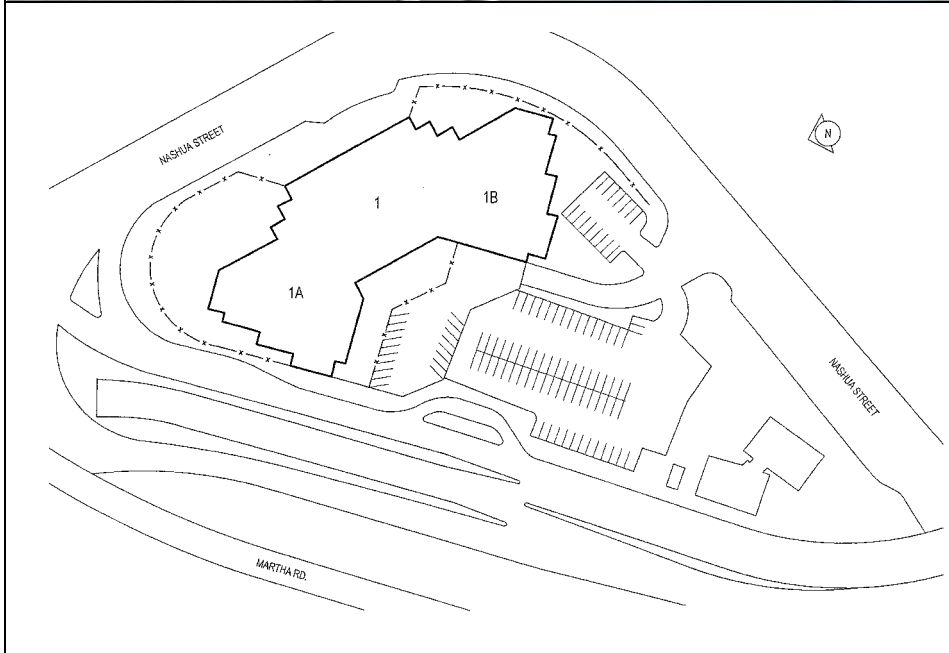
Suffolk County Jail

Address: 200 Nashua Street
Boston, MA 02114

Year Opened: 1990

Security Levels: Maximum

Sq. Footage: 342,316 gsf



Buildings

1. Suffolk County Jail
 - Gnd.
 - Kitchen/Laundry
 - 1st Administration
 - 2nd Visiting Area/Chapel
 - 3rd & 4th Library/Classroom
 - 5th Health
 - 6th & 7th Gymnasium
 - 1A West Housing
 - 1B East Housing
- 342,316 gsf / CAMIS ID 551SDS9001

Suffolk County Jail

Description:

- The current Suffolk County Jail-Nashua Street in Boston is a single multi-story steel framed structure on a small urban site which opened in 1990. This facility is unique for its quality of design and materials. The facility has thirteen separate detainee housing units.
- The Food Service area is large and well maintained but has security issues with obstructed views. All meals are delivered to the housing units. Kitchenettes in the housing units are no longer used and could be removed to provide space for other uses.
- The Health/Mental Health area appears to need additional administrative and waiting area space. Additional space is required for medical files.
- The facility does not offer educational programs. There is no library for inmate use.
- The site has no room for expansion.
- Parking is limited due to the urban site.

Major Issues:

- The exterior envelope has issues with sealant at windows failing and the insulated glazing fogging.
- Shower stalls require repair and upgrades. There are sewage backup issues in the restrooms of the outside administration area.
- The lack of a perimeter security fence allows contraband to be thrown onto exercise decks.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000105829	EMERGENCY REPLACEMENT OF FIRE ALARM - SDS	EMERGENCY REPLACEMENT OF FIRE ALARM @ HOC	536,500	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000107523	REPAIRS TO ALBANY 670 RAPID ROLL GATE AT NSJ	REPAIRS TO ALBANY 670 RAPID ROLL GATE AT NSJ	4,679	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000107572	REPLACEMENT FIRE ALARM SYSTEM @ NSJ	REPLACEMENT FIRE ALARM SYSTEM @ NSJ	286,787	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000107575	ENVELOPE REPAIRS SUFFOLK JAIL AND HOC (NSJ)	ENVELOPE REPAIRS FOR NSJ	2,751,845	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000107576	STEAM PRESSURE STUDY AT NSJ	STEAM PRESSURE STUDY OF 3 ESG'S AT NSJ	80,000	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000109623	REPLACE 453 CELL LOCK MOTORS AND SWITCHES	REPLACE 453 CELL LOCK MOTORS AND SWITCHES	100,433	Requested
SDS01	SUFFOLK COUNTY JAIL	NASHUA STREET JAIL	J000109624	OVERHAUL DSB SALLYPORT HIGH SECURITY SLIDER DOORS	OVERHAUL D5B SALLYPORT HIGH SECURITY SLIDER DOORS @ NSJ AND HOC	300,000	Requested
TOTAL ESTIMATED COSTS						\$4,060,244	

Suffolk County Jail

Housing Capacity:

SUFFOLK COUNTY JAIL - NASHUA STREET (BOSTON)
(Custody Level: Medium)
(Date Built: 1990)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	D MAX No. of INMATES	E CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		
2-1	Cell	x				67	68	1	34	34	34	4	34	32	2,314	66	32		
2-2	Cell	x				64	68	1	34	34	34	5	34	40	2,632	75	34	Add: 1 Shower **	34
2-3	Cell	x				64	68	1	34	34	34	4	34	32	2,314	66	32	Add: 1 Shower **	34
3-4	Cell	x				66	68	1	34	34	34	5	34	40	2,632	75	34	Add: 1 Shower **	34
4-1	Cell	x				72	68	1	34	34	34	4	34	32	2,314	66	32	Add: 1 Shower **	34
4-2	Cell	x				72	68	1	34	34	34	5	34	40	2,632	75	34	Add: 1 Shower **	34
4-3	Cell	x				68	68	1	34	34	34	4	34	32	2,314	66	32	Add: 1 Shower **	34
4-4	Cell	x				68	68	1	34	34	34	5	34	40	2,632	75	34		34
5-5	Cell	x				22	68	1	22	22	22	4	22	32	2,314	66	22		22
6-1	Cell	x				60	68	1	40	40	40	5	40	40	2,632	75	40	Add: 1 Shower **	40
6-2	Cell	x				46	68	1	34	34	34	4	34	32	2,314	66	32		34
6-3	Cell	x				46	68	1	34	34	34	5	34	40	2,632	75	34		34
6-4	Cell	x				62	68	1	40	40	40	5	40	40	2,266	65	40		40
						777			442							432		713	453

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



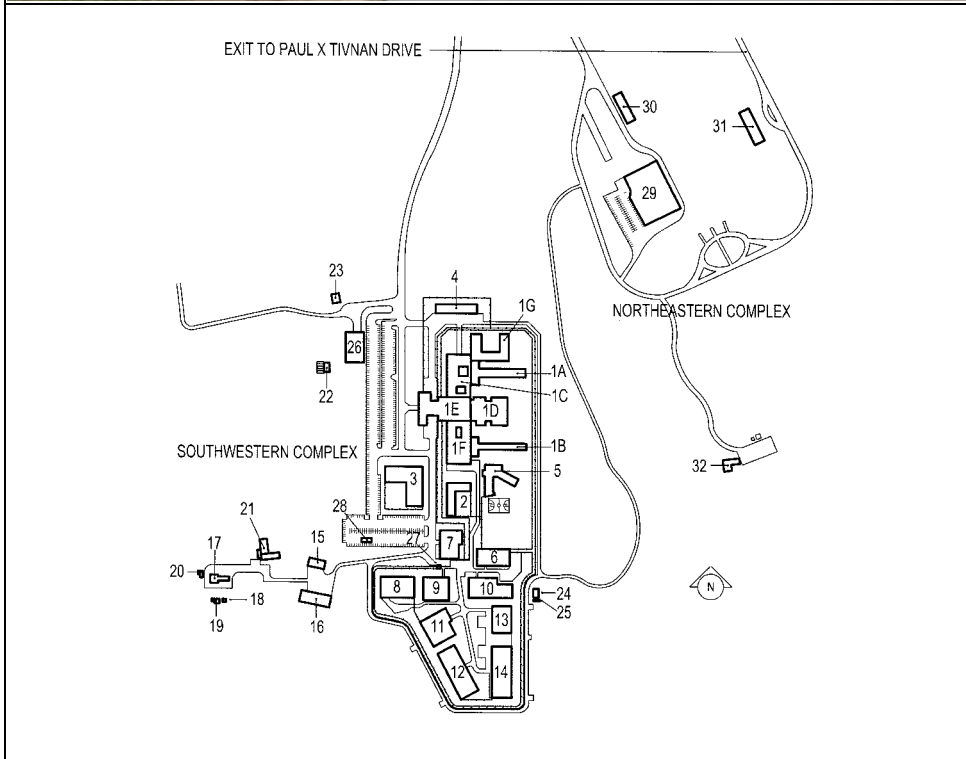
Worcester County Jail and House of Correction

Address: 5 Paul X. Tivnan Drive
West Boylston, MA 01583

Year Opened: 1973

Security Levels: Maximum, Medium, Minimum, Pre-release, Awaiting Trial

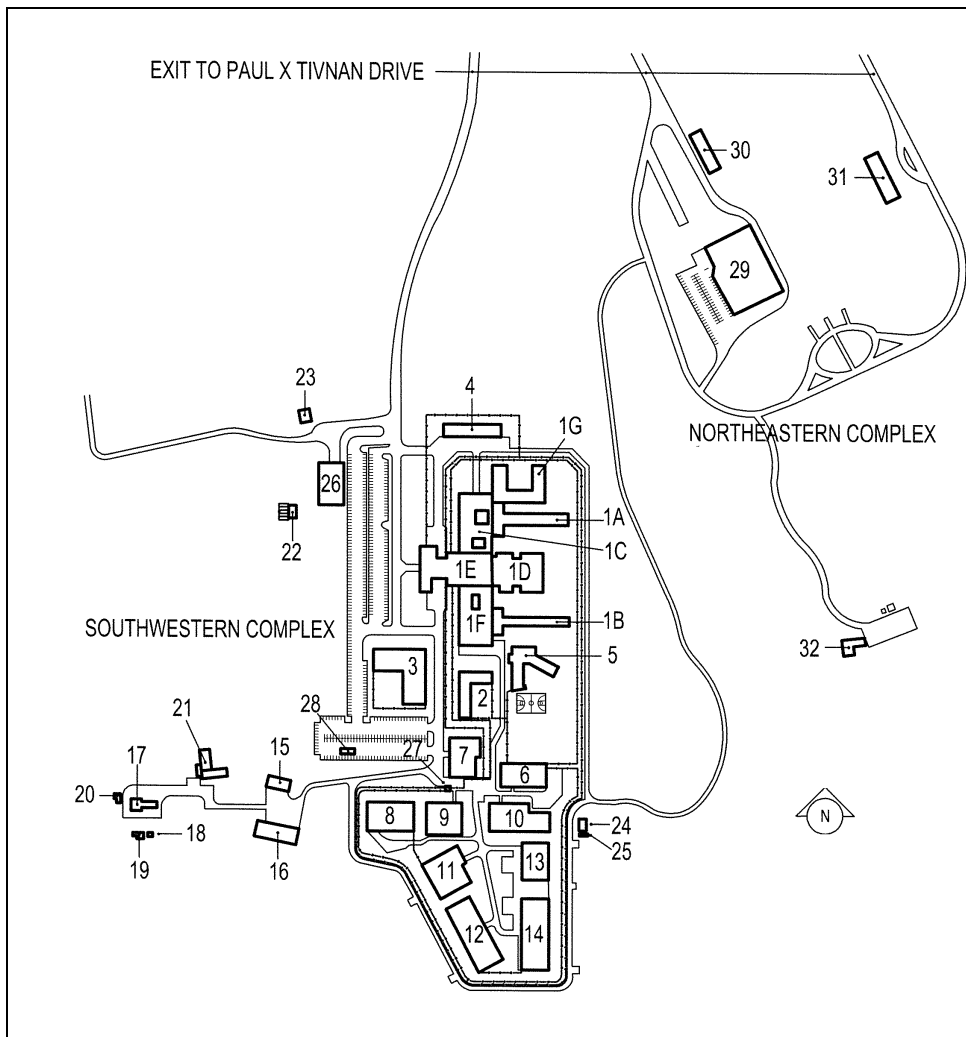
Sq. Footage: 375,581 gsf



Buildings

Southwestern Complex

1. Main Building	
1A Max Security Housing	
1B Min Security Housing	
1C Dining Section	99,200 gsf / CAMIS ID 322SDWPB09
1D Gym, Medical, Chapel	
1E Control Section	
1F School	
1G A1/A2 (Addition to Existing Bldg)	
2. Stop M-5	14,500 gsf / CAMIS ID 322SDWPB08
3. Work Release	10,575 gsf / CAMIS ID 322SDWPB21
4. SEHV Service Bldg	7,785 gsf / CAMIS ID 322SDWPB23
5. Deignan Med. Security	10,400 gsf / CAMIS ID 322SDWPB34
6. Modular Gym	8,950 gsf / CAMIS ID 322SDWPB10
7. Modular Administration	14,921 gsf / CAMIS ID 322SDWPB17
8. Modular Warehouse/VOC/Laundry	17,640 gsf / CAMIS ID 322SDWPB18



9. Visitors/Modular Receiving	5,500 gsf / CAMIS ID 322SDWPB16
10. "New" Programs	26,428 gsf / CAMIS ID 322SDWPB14
11. Condemned Bldg (Library)	20,978 gsf
12. Housing K & L	35,616 gsf / CAMIS ID 322SDWPB12
13. H Bldg Housing	17,808 gsf / CAMIS ID 322SDWPB11
14. Housing I & J	35,616 gsf / CAMIS ID 322SDWPB13
15. Storage – Barn	--
16. Storage – Barn	--
17. Sheriff's House/Almost Home	4,790 gsf / CAMIS ID 322SDWPB28
18. Shed (Vacant)	--
19. Shed (Vacant)	--
20. Shed (Vacant)	--
21. Community Service	2,000 gsf
22. Kennel	900 gsf / CAMIS ID 322SDWPB22
23. Emergency Command Vehicle Garage	2,400 gsf / CAMIS ID 322PB25
24. Switch House	1,150 gsf / CAMIS ID 322SDWPB31
25. Generator	
26. Main Warehouse	8,500 gsf / CAMIS ID 322SDWPB06
27. Guard Tower	1,200 gsf / CAMIS ID 322SDWPB07
28. Property Trailer	684 gsf / CAMIS ID 322SDWPB20
<u>Northeastern Complex</u>	
29. Special Need Annex	14,000 gsf / CAMIS ID 322SDWPB32
30. Wally's Garage	2,350 gsf / CAMIS ID 322SDWPB04
31. Min Security	6,000 gsf / CAMIS ID 321SDWPB29
32. Training Center	5,600 gsf / CAMIS ID 321SDWPB28

Worcester County Jail and House of Correction

Description:

- The current Worcester Jail and HOC was built in 1973 on the site of the Worcester County Hospital in West Boylston. The facility has 32 buildings of varying ages on two complexes: a Southwestern Complex and a Northeastern Complex. The buildings range from wood farm structures to large modular housing structures with precast concrete cells. The variety of construction types and different MEP systems creates maintenance challenges.
- There is a Federal Court ordered limit of 1251 inmates and the facility houses only male inmates.
- The site contains several areas suitable for expansion.

Southwestern Complex

- The Main Building is a cast in place concrete structure containing the main lobby & control, visitation, “outside” administrative areas, HOC intake, kitchen services, and HOC inmate housing units. Former inmate dining areas and the kitchen are in transition. The kitchen and HVAC equipment is mostly older units and problematic. Pneumatic temperature controls are largely inoperative.
- Building 5/Deignan Medium Security was originally a two story split level minimum security structure with wood doors. The construction of the Modular campus forced the conversion of the building to a higher security level it was not designed to accommodate.
- In 1990, nine “modular” buildings were added to the Southwestern Complex by extending the perimeter security fence. This group of buildings was designed to house the Jail population and operate as a self-contained unit. This resulted in redundancy with two kitchens, two intakes, two medical areas, etc.
- The Modular housing units are contained in three buildings: Building 12/Housing K & L, Building 13/H Housing, and Building 14/Housing I & J. These are two story structures with precast concrete cells and a cast-in-place concrete entrance and control core.
- Building 10/New Programs is a Modular structure housing Medical Services on the second floor and a former kitchen area on the first floor which is vacant due to a number of issues.
- Building 11/Library is a Modular structure which is vacant due to a number of issues including the roof structure. Rooftop mechanical units and other building systems have been cannibalized.

Northeastern Complex

- Building 31/Minimum Security was the Nurse’s Building for the County Hospital. It was built in 1934 and has been converted to a minimum security housing unit. It is not presently occupied due to budgetary issues.
- The Annex Building is a slab-on-grade steel framed metal panel structure built in 2000 and provides dormitory housing. It is located in the Northeastern Complex.

Major Issues:

- Many of the buildings including the Modular buildings have EFIS cladding which is failing or has failed. At a minimum, damaged areas need to be repaired and all joints re-sealed. Replacement of the EFIS system in certain areas should be considered.
- HVAC equipment and controls are in failing or failed condition. Design / Construction drawings for are complete for the original 1974 buildings.
- Fire alarm project is underway to provide a new system.
- There are structural issues with the roofs of the modular buildings 7,9,10 and 11.
- Accessibility improvements are required.

Worcester County Jail and House of Correction

Previously Requested Capital Projects:

- Modular Replacements
- Housing Expansion

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
SDW00	SHERIFF'S DEPARTMENT WORCESTER	MAIN JAIL (MAIN ADMIN)	J000107132	FY08 REPLACE CELL DOOR MECHANISMS	FY08 REPLACE CELL DOOR MECHANISMS	1,460,000	Requested
SDW00	SHERIFF'S DEPARTMENT - WORCESTER	BARN	J000109705	PAVING PROJECT	PAVING PROJECT	250,000	Requested
SDW00	SHERIFF'S DEPARTMENT - WORCESTER	WORK RELEASE BUILDING	J000110455	SHOWER RENOVATIONS MODULAR FACILITY / WORK RELEASE	SHOWER RENOVATION	60,000	Requested
SDW00	SHERIFF'S DEPARTMENT - WORCESTER	INTAKE BUILDING	J000109704	FY '09 ROOF PROJECT	ROOF PROJECT	348,075	Requested
TOTAL ESTIMATED COSTS						\$2,118,075	

Worcester County Jail and House of Correction

Housing Capacity:

WORCESTER COUNTY JAIL & HOUSE OF CORRECTIONS - WEST BOLYSTON
(Custody Level: Maximum/Medium/Minimum/Pre-Release/Awaiting Trial)
(Date Built: 1973)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)		
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1.3) (1.8 Inmates, 1.2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C MAX No. of INMATES						DAYROOM SF (35SF per Inmate)	D MAX No. of INMATES
Admin Bldg - A-1	Cell	x				51	84	2	32	64	32	8	32	64	1,200	34	34		34		
Admin Bldg - A-2	Cell	x				64	84	2	32	64	32	8	32	64	1,200	34	34		34		
Admin Bldg - Max Sec A	Cell	x				104	56	1	104	104	104	6	104	48	3,600	103	48	Maximum Custody	Add 8 Showers **	104	
Admin Bldg - Min Sec. B	Cell	x				104	56	1	104	104	104	8	104	64	7,000	200	64		Add: 6 Showers **	104	
Deignan Bldg (Minimum Security)	Cell	x				128	73	2	64	128	16	8	16	64	1,078	31	31		31		
Mini - 5 (M-5)	Cell	x				26	69	1	18	18	18	4	18	32	5,050	144	18		18		
Work Release Bldg	Cell	x				80	235	6 to 7	12	80	8	10	6	48	NA	NA	48		80		
Housing Unit H	Cell	x				119	75	2	60	120	60	10	60	80	7,820	223	80	Add: 6 Sinks, 4 Toilets	80		
Housing Unit I/J - I Unit	Cell	x				119	75	2	60	120	60	10	60	80	7,820	223	80	Add: 5 Showers **	120		
Housing Unit I/J - J Unit	Cell	x				119	75	2	60	120	60	10	60	80	15,641	447	80	Add: 5 Showers **	120		
Housing Unit K/L - K Unit	Cell	x				119	75	2	60	120	60	10	60	80	15,641	447	80	Add: 5 Showers **	120		
Housing Unit K/L - L Unit	Cell	x				119	75	2	60	120	60	10	60	80	NA *	NA *	80	Add: 5 Showers **	120		
Min Sec. Facility - A-Floor (Offline)	Cell	x				14	124	3	5	15	3	3	3	18	?	?	15		15		
Min Sec. Facility - B-Floor (Offline)	Cell	x				44	131	3	22	66	6	5	4	36	?	?	36	Add: 5 Sinks, 2 Showers **, 5 Toilets	66		
Min Sec. Facility - C-Floor (Offline)	Dorm	x				--											--	Dorm Offline (not in count)			
Min Sec Facility Annex	Dorm	x				100	5477	120	1	120	23	15	15	120	2,941	84	84		84		
CLU	Cell	x				--											--	7 cells single bunked (not in count)			
Sheriff's House/Almost Home						--											--	12 recently released (not in count)			
						1310			694								812		1,170	1211	790

* = Dayroom used on the first floor of 2-level facility

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



**The Corrections Master Plan
The Final Report**

**Appendix B
Department of Correction
Existing Facility Briefs**

Appendix B - Department of Correction Existing Facility Briefs

CMP: Appendix B - DECEMBER 2011



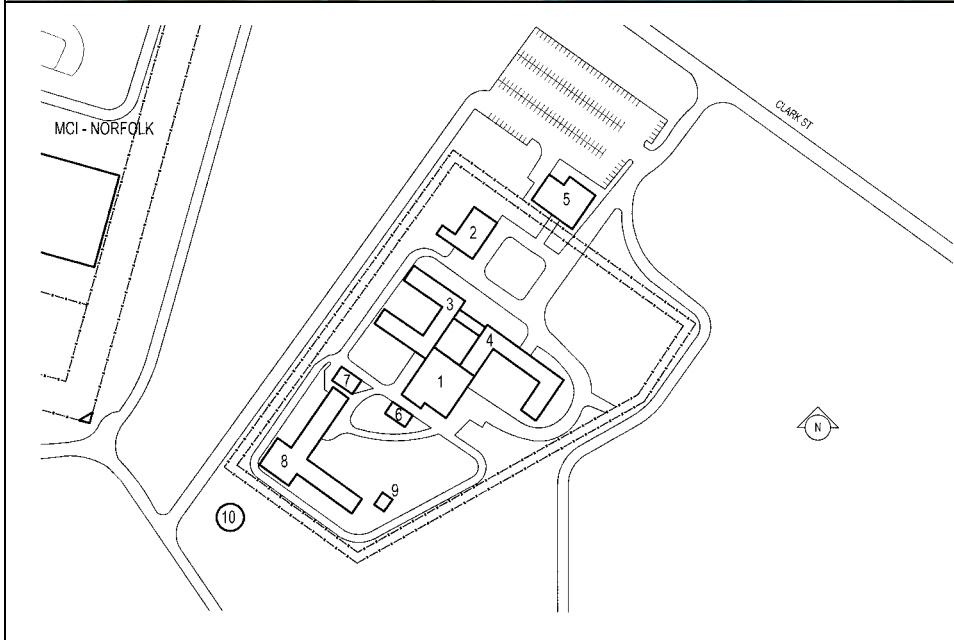
Bay State Correctional Center

Address: 28 Clark Street
Norfolk, MA 02056

Year Opened: 1977

Security Levels: Medium

Sq. Footage: 219,117 gsf



Buildings

1. Kitchen/Gym	7,080 gsf / CAMIS ID 625DOCPB12 (Kitchen) 5,040 gsf / CAMIS ID 625DOCPB10 (Gym)
2. Visitor Bldg.	6,972 gsf / CAMIS ID 625DOCPB20
3. Housing	75,762 gsf / CAMISID 625DOCPB13
4. Admin./Programs	32,754 gsf / CAMIS ID 625DOCPB83
5. Gate House/Lobby/Sally port	11,312 gsf / CAMIS ID 625DOCPB02
6. Grounds Storage	--
7. Property Bldg.	1,426 gsf / CAMISID 625DOCPB16
8. Modular Housing	74,496 gsf / CAMIS ID 625DOCPB15
9. Storage Bldg.	660 gsf / CAMIS ID 625DOCPB19
10. Water Tower	--

Bay State Correctional Center

Description:

- The original stone façade building opened in 1977 as a minimum security facility for 72 male inmates. There have been two subsequent expansions; one in the 1980's expanded the main building and a second in the early 1990's converted the facility to medium security by adding a perimeter fence and three Type II modular wood structures - gatehouse, visiting building and a 2 story housing unit.
- The facility currently has 266 beds in double or single bunked cells. There is no triple bunking. Each floor has a dayroom, although only 20 inmates are allowed in the dayroom at a time. Cell windows are operable.
- All food service is provided in a main dining room. Kitchen is in fair condition, but lack of adequate storage limits opportunities to buy discount volumes.
- Medical services do not provide space for overnight care. Inmates must be transported to outside medical facilities.
- There are many vocational programs available at the facility. There is a shortage of counseling space and there are limitations expand programs. There is an adequate gym with a separate lifting room.
- As part of a 1042 acre complex that includes 3 other DOC facilities, there is room for expansion outside of the perimeter fence.
- Parking is adequate.
- All Cells are dry.
- The water supply is restricted but can be remedied with connection to the municipal water supply. See MCI Cedar Junction.

Major Issues:

- The modular buildings are deteriorating and present increasing operational problems.
- There is inadequate storage.
- All housing doors are manually operated
- Envelope repair is needed: Leaking roofs, rusted exterior doors and frames, leaking windows, facades need repointing.
- The facility is located adjacent to wetland. The high groundwater table is an issue. Underground conduits for wiring & security are problematic.

Previously Requested Capital Projects:

- Modular Replacement

Bay State Correctional Center

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	N0	COMMENTS	COST	(in years)
2	Security	Renovate vehicle trap gates	Bay State	J000111140		\$75,000	
3	Expansion	Replace Modular Unit w/Perm. Housing (150 beds)	Bay State	J000109527		\$20,000,000	4
1	Clean State	Grease Trap at Main building	Bay State	J000111123		\$150,000	
1	Infrastructure	Replace Doors and windows in Modular Unit	Bay State	J000109528		\$450,000	1.5
1	Infrastructure	Perimeter Security Improvements	Bay State	J000109529		\$225,000	1.5
3	Infrastructure	Replace Roofs	Bay State	J000109531	Mod Unit, Visiting Room, Gatehouse, Main Bldg.	\$2,000,000	2
3	Infrastructure	Replace Roof top units (HVAC)	Bay State	J000111125		\$125,000	
3	Infrastructure	Repair Windows and Add Security Screens	Bay State	J000109535		\$1,400,000	2
4	Infrastructure	Upgrade Laundry Services	Bay State	J000109532		\$140,000	1
4	Infrastructure	Warehouse, Storage Building	Bay State	J000109533		\$250,000	2
4	Infrastructure	Expand and Improve Industries/Program Building	Bay State	J000109534		\$150,000	2
5	Infrastructure	Road Repaving	Bay State/CTU	J000109536		\$350,000	1
						\$25,315,000	

Housing Capacity:

BAY STATE CORRECTIONAL CENTER - NORFOLK
(Custody Level: Medium)
(Date Built: 1977)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)				E	COMMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	SQUARE FEET <i>(Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)</i>	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B	SINKS <i>(1.6 Inmates, 1.3)</i>	SHOWERS <i>(1.8 Inmates)</i>	TOILETS <i>(1.8 Male Inmates, 1.6 Female Inmates)</i>	C	DAYROOM SF <i>(35SF per Inmate)</i>	D	OMP BASELINE CAPACITY <i>(per ACA & Mass Plumbing Code)</i>						
Main Bldg - 1st floor (HC)	Cell	x				7	97	2	7	14	10	8	10	64	1,200	34	34	Normally Single Bunked						
Main Bldg - 1st floor (Typ)	Cell	x				47	77	2	41	82										34				
Main Bldg - 2nd floor (HC)	Cell	x				8	97	2	8	16	10	8	10	64	1,200	34	34	Normally Single Bunked						
Main Bldg - 2nd floor (Typ)	Cell	x				49	77	2	41	82										34				
Main Bldg - 3rd floor (Typ)	Cell	x				55	77	2	49	98	10	8	10	64	1,200	34	34				34			
Modular - 1st & 2nd floor (MW)	Cell	x				152	134	3	120	360	20	20	20	120	2,249	64	64				64			
						318	266												166			166	314	266

(MW) = Modular/Wood Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



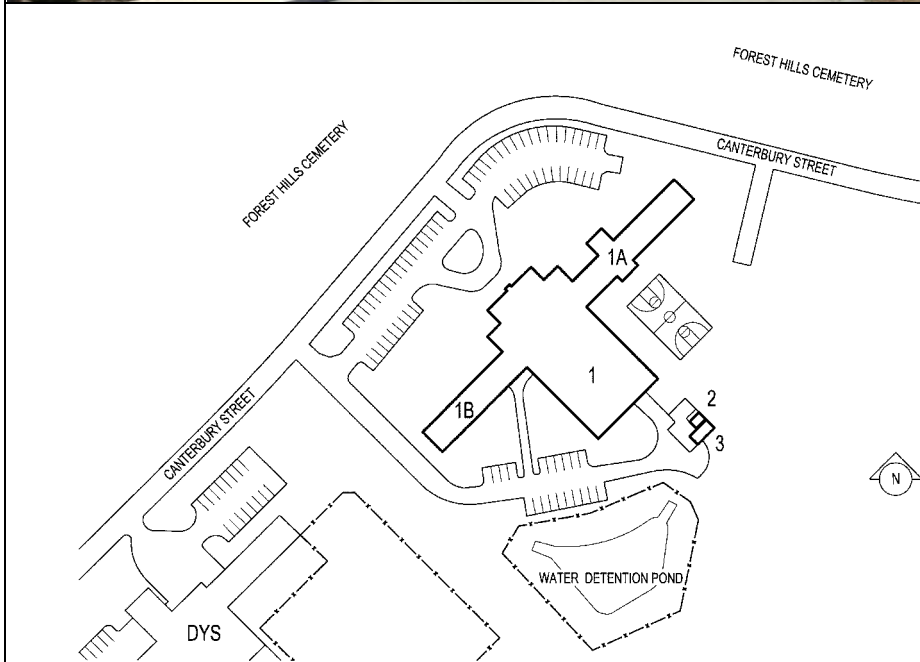
Boston Pre-release Center

Address: 430 Canterbury Street
Roslindale, MA 02131

Year Opened: 2004

Security Levels: Minimum, Pre-release

Sq. Footage: 45,818 gsf



Buildings

- | | |
|--------------------------|----------------------------------|
| 1. Main Building | |
| 1A Pre-Release Wing | 45,460 gsf / CAMIS ID 551DOC0301 |
| 1B Minimum Security Wing | |
| 2. Storage Building | |
| | 142 gsf / CAMIS ID 551DOC0601 |
| 3. Generator Building | |
| | 216 gsf / CAMIS ID 551DOC0602 |

Boston Pre-release Center

Description:

- The Boston Pre-release Center is a slab-on-grade, two-story concrete masonry block structure, constructed on a 4 acre level site.. The site and an adjacent Department of Youth Services facility were part of the former Boston State Hospital. The facility has 175 beds in dry double or triple bunked rooms. The facility is in excellent condition.
- There is adequate parking and site lighting.
- The interior, exterior, HVAC and electrical systems are in excellent condition and are well maintained.
- There is sufficient space for expansion on adjacent Commonwealth property.
- There is insufficient program and storage space for the current inmate count.

Major Issues:

- None

Previously Requested Capital Projects:

- 20' x 20' Storage Shed

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010						
TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
Infrastructure	Renovate showers	Boston Pre-Release	J000111129		\$180,000	
Infrastructure	Frost Heave repairs	Boston Pre-Release	J000111130		\$75,000	
					\$255,000	

Boston Pre-release Center

Housing Capacity:

BOSTON PRE-RELEASE CENTER - ROSLINDALE
(Custody Level: Minimum/Pre-Release)
(Date Built: 2004)

REVISED ON: 10/8/2010

		MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)				
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	A			SINKS <small>(1.6 Inmates, 1-3) (1.8 Inmates, R-2)</small>	SHOWERS <small>(1.8 Inmates)</small>	TOILETS <small>(1.8 Male Inmates, 1.6 Female Inmates)</small>	MAX No. of INMATES	DAYROOM SF <small>(35SF per Inmate)</small>	MAX No. of INMATES	CIMP BASELINE CAPACITY <small>(per ACA & Mass Plumbing Code)</small>	COMMENTS	
HC D1	Room	x				2	85	2	2	4	1	1	2	8	NA	NA	4	
Single D1	Room	x				23	70	2	23	46	2	3	6	16	NA	NA	16	
Single D2	Room	x				44	70	2	23	46	2	3	6	16	NA	NA	16	
HC D2	Room	x				2	85	2	2	4	1	1	2	8	NA	NA	4	
Double B1	Room	x				50	120	3	25	75	6	7	8	48	NA	NA	48	
Double B2	Room	x				54	120	3	25	75	6	7	8	48	NA	NA	48	
						175	100										136	
																	238	

IMPROVEMENTS	POTENTIAL CAPACITY
	4
Add: 3 Sinks, 2 Showers **	40
Add: 3 Sinks, 2 Showers **	40
	4
Add: 4 Sinks, 3 Showers **, 2 Toilets	75
Add: 4 Sinks, 3 Showers **, 2 Toilets	75
	238

AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
189	150

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



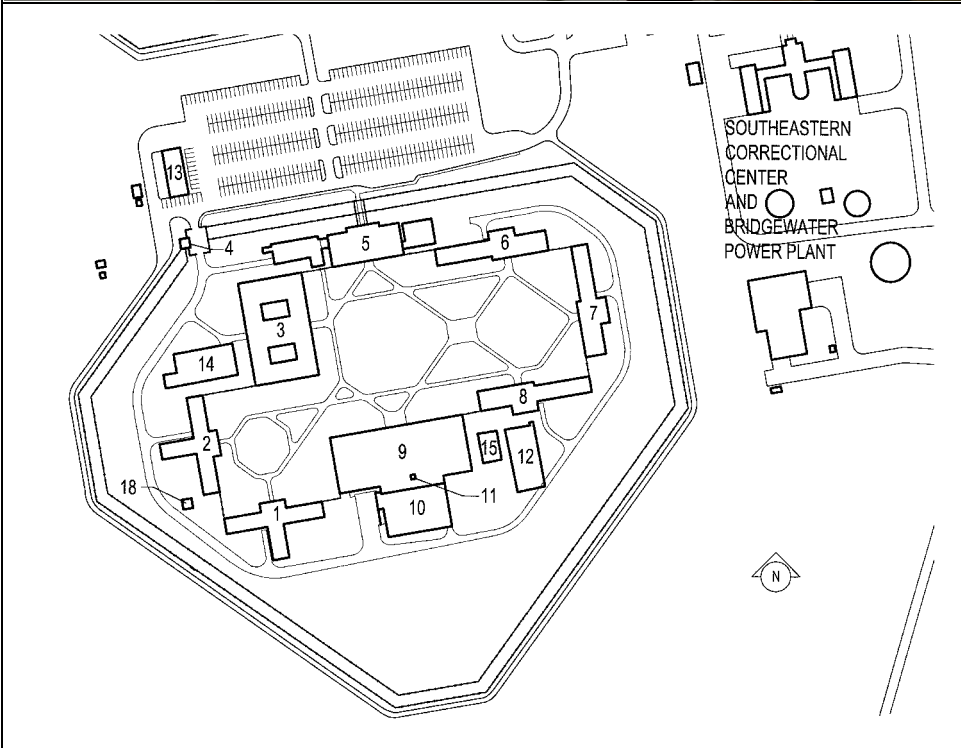
Bridgewater State Hospital

Address: Bridgewater Complex
Bridgewater, MA

Year Opened: 1974

Security Levels: Medium

Sq. Footage: 171,966 gsf



Buildings

1. Maximum Building I	7,800 gsf / CAMIS ID 715DOCPB60
2. Maximum Building II	7,800 gsf / CAMIS ID 715DOCPB61
3. Medical Building	12,500 gsf / CAMIS ID 715DOCPB53
4. Gate House	800 gsf / CAMIS ID 715DOCPB54
5. Administration Building	22,400 gsf / CAMIS ID 715DOCPB51
6. Dormitory A	18,050 gsf / CAMIS ID 715DOCPB55
7. Dormitory B	18,050 gsf / CAMIS ID 715DOCPB56
8. Dormitory C	18,050 gsf / CAMIS ID 715DOCPB57
9. Commons Building/Recreation	
10. Commons Building /Multi-Purpose	43,300 gsf / CAMIS ID 715DOCPB59
11. Observation Tower	--
12. Minimum End Treatment	6,480 gsf / CAMIS ID 715DOCPB58
13. Gym/Building #13 (Part of Core Services)	4,000 gsf / CAMIS ID 715DOCPB04
14. Maximum End Treatment	9,384 gsf / CAMIS ID 715DOCPB52
15. Pavilion	2,400 gsf / CAMIS ID 715DOCPB65
16. Southeastern Corr. Ctr. & Power Plant	--

Bridgewater State Hospital

Description:

- Bridgewater State Hospital is the state's only behavioral forensic facility, which is classified as a psychiatric hospital. It houses the criminally insane who are not guilty by reason of insanity and convicted criminal offenders who possess varying types and degrees of mental disorders or illness that prevent them from being held in a general population prison. A portion of the population is geriatric, requiring special care.
- Bridgewater State Hospital was opened in 1974 to replace an older facility constructed in 1880 (the former Southeastern Correctional Center). The facility has a large fenced open campus with multiple buildings connected by exposed sidewalks. Inmates must walk to all programs and the central dining area subject to adverse weather conditions. The open campus is not compatible for this type of inmate population.
- Most of the buildings are circa 1974, steel framed, masonry and concrete, or masonry and metal panel structures.
- Two buildings (circa 1989) are Type II modular wood structures in poor condition. Two additions to the Main Administration building were made in 1989. They are Type II modular wood structures in poor to failing condition.

Major Issues:

- Envelope repairs needed: exterior doors, roof replacement for most buildings, modular exterior walls, replacement of any remaining jalousie windows.
- Considerable repairs and upgrades are required as listed in CAMIS Deferred Maintenance Requests.
- Inadequate space for: storage, administrative offices, patient/staff meeting space, lobby/waiting area, staff conference/classroom space, facility maintenance space, intake.
- Modular administrative buildings are deteriorating: roof and window leaks, floor structural issues, exterior siding falling off.
- Inadequate bathroom facilities in staff areas.
- The gym/recreation building is prone to sewage back-ups.

Previously Requested Capital Projects:

- Maintenance Shed
- Modular Replacements
- Medium Security Sub-Acute Facility

CAMIS Requested Projects: (Continued on Next Page)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

	Proj			CAMIS		EST.	DURATION
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
3	Clean State	SECC Demolition	SECC	J000109590	Portion of systems shut down.	\$30,000,000	4
3	Clean State	Mold Remediation	SECC	J000109594	Unoccupied areas.	\$175,000	1
						\$30,175,000	

Bridgewater State Hospital

CAMIS Requested Projects: (Continued)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	Razor wire and fence repair	Bridgewater	J000111132		\$20,000	
1	Clean State	Clean and Paint Elevated Water Tanks	Bridgewater	J000109540	2 Tanks - under ACO	\$2,000,000	2
1	Clean State	UST Leak Detection/Repair	Bridgewater	J000109543	Location at Power Plant.	\$60,000	1
1	Clean State	Fuel Tank Detection System	Bridgewater	J000109544		\$125,000	1
2	Clean State	Grease Trap at Kitchen Warehouse	Bridgewater	J000109541		\$450,000	1.5
2	Clean State	Booster Pump Station Repairs	Bridgewater	J000109542		\$50,000	1
2	Clean State	WWTP Upgrades	Bridgewater Complex	J000109545		\$4,000,000	4
2	Clean State	Automatic Backwash Sand Filters	Bridgewater WPCF	J000109546		\$1,750,000	4
2	Clean State	Ultraviolet Disinfection	Bridgewater WPCF	J000109547		\$175,000	2
3	Clean State	Effluent Piping to Taunton River	Bridgewater WPCF	J000109548	between \$1M and \$1.5M	\$1,500,000	4
3	Clean State	Pip fr Effluent Pol. Pond to Biosolid Thickening Equip	Bridgewater WPCF	J000109549		\$50,000	1
3	Clean State	Upgr. Inflow Screen equip. if nec to handle Additional TSS	Bridgewater WPCF	J000109550		\$90,000	1
3	Clean State	Upgrade facility if necessary to handle additional BOD	Bridgewater WPCF	J000109551		\$3,500,000	4
1	DPH Required	Kitchen/Warehouse flooring	Bridgewater Complex	J000111136		\$250,000	2
1	Infrastructure	Replace/Repair Boiler #01	Bridgewater	J000111201	Critical	\$1,000,000	
1	Infrastructure	Replace/Repair Boiler #02	Bridgewater	J000111202	Critical	\$1,000,000	
1	Infrastructure	Administration Building Roof Replacement	Bridgewater	J000109613		\$11,200	1
1	Infrastructure	Warren Hall Roof Replacement	Bridgewater	J000105564		\$200,000	1
2	Infrastructure	Replace Air Handlers and Heating Coils	Bridgewater	J000109553		\$225,000	2
3	Infrastructure	All exterior Housing Unit Doors (app 30)	Bridgewater	J000105554		\$75,000	1
3	Infrastructure	Max Mod. Roof replacement	Bridgewater	J000111137		\$25,000	
3	Infrastructure	Min. Mod. Roof replacement	Bridgewater	J000111138		\$25,000	
3	Infrastructure	Mod-B/Records Roof Replacement	Bridgewater	J000109614		\$11,200	1
3	Infrastructure	Mod-A/Ad. Roof Replacement	Bridgewater	J000109616		\$11,200	1
3	Infrastructure	Commons/7-Upper Roof - Replacement	Bridgewater	J000105491	see 558	\$316,809	2
3	Infrastructure	Talbot House Basement water-proofing	Bridgewater	J000111135		\$75,000	
3	Infrastructure	Talbot House Roof Repair	Bridgewater	J000105519		\$35,329	1
3	Infrastructure	Core Services Response House Roof Replacement	Bridgewater	J000105537		\$8,500	1
3	Infrastructure	Core Services Central Warehouse Roof Replacement	Bridgewater	J000105542		\$600,000	2
3	Infrastructure	Core Services New Pump House Roof Replacement	Bridgewater	J000105555		\$9,600	1
3	Infrastructure	Power Plant Roof Replacement	Bridgewater	J000105557		\$154,000	1
3	Infrastructure	Replace rooftop modular heat pump/AC units	Bridgewater	J000109561		\$200,000	1
3	Infrastructure	Replace Exterior Siding Trim/Apron on all Mod Bldgs.	Bridgewater	J000109562		\$180,000	1
4	Infrastructure	Tel/Com Data Link	Bridge/Shir/Conc/Norf	J000109603	WWTP & Water Systems	\$250,000	1
4	Infrastructure	Metal structure repairs at toilet fixture walls	Bridgewater	J000111133		\$15,000	
4	Infrastructure	Rated glazing in smoke barriers	Bridgewater	J000111134		\$150,000	
4	Infrastructure	Repair/Upgrade Muffin Monster	Bridgewater	J000109555		\$15,000	1
4	Infrastructure	Replace Hot Water Sysem Medical and Max 1	Bridgewater	J000109557		\$15,000	1
4	Infrastructure	Replace Commons Bldg Gym Roof/Exhaust Fans	Bridgewater	J000109558		\$200,000	1
4	Infrastructure	Sewer Treatment Plant Shed Roof Replacement	Bridgewater	J000105558		\$7,200	1
4	Infrastructure	Sewer Treatment Plant Roof Repair	Bridgewater	J000105561		\$7,500	1
4	Infrastructure	Construct New Maintenance Shed	Bridgewater	J000109560	At BSH and Bridgewater WPCF	\$10,000	1
4	Infrastructure	Replace Commons Gym Floor	Bridgewater	J000109563		\$80,000	1
5	Infrastructure	Core Services Incinerator Building Roof Replacement	Bridgewater	J000105556		\$4,500	1
5	Infrastructure	Old Pump House Roof Replacement	Bridgewater	J000105567		\$2,500	1
5	Infrastructure	Max/Observation Unit-Need Doors/Frames	Bridgewater	J000109564	Need Accurate Count	\$1,200,000	2
						\$20,139,538	

Bridgewater State Hospital

Housing Capacity:

BRIDGEWATER STATE HOSPITAL - BRIDGEWATER
(Custody Level: Medium)
(Date Built: 1974)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)			
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES							DAYROOM SF (35SF per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)
A-1	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
A-2	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
B-1	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
B-2	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
C-1	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
C-2	Cell	x				22	83	2	22	44	23												
	Dorm	x				33	309	6	6	36	5	4	5	32	1,107	31	31						
Max 1	Cell		x			32	83	2	32	64	32	4	32	32	1,260	36	32	Normally Single Bunked	Add: 1 Shower **	36			
Max 2	Cell		x			32	83	2	32	64	32	4	32	32	1,260	36	32	Normally Single Bunked	Add: 1 Shower **	36			
Medical Dorm - Single Rm	Dorm	x																Not in Count (Temp. Housing)					
Medical Dorm - Multi-Rm	Dorm	x																Not in Count (Temp. Housing)					
Medical Dorm - At-Risk	Dorm	x																Not in Count (Temp. Housing)					
Medical Dorm - Lock-up	Dorm	x																Not in Count (Temp. Housing)					
Medical Dorm - Restraint	Dorm	x																Not in Count (Temp. Housing)					
						394	232												250		258	346	227

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



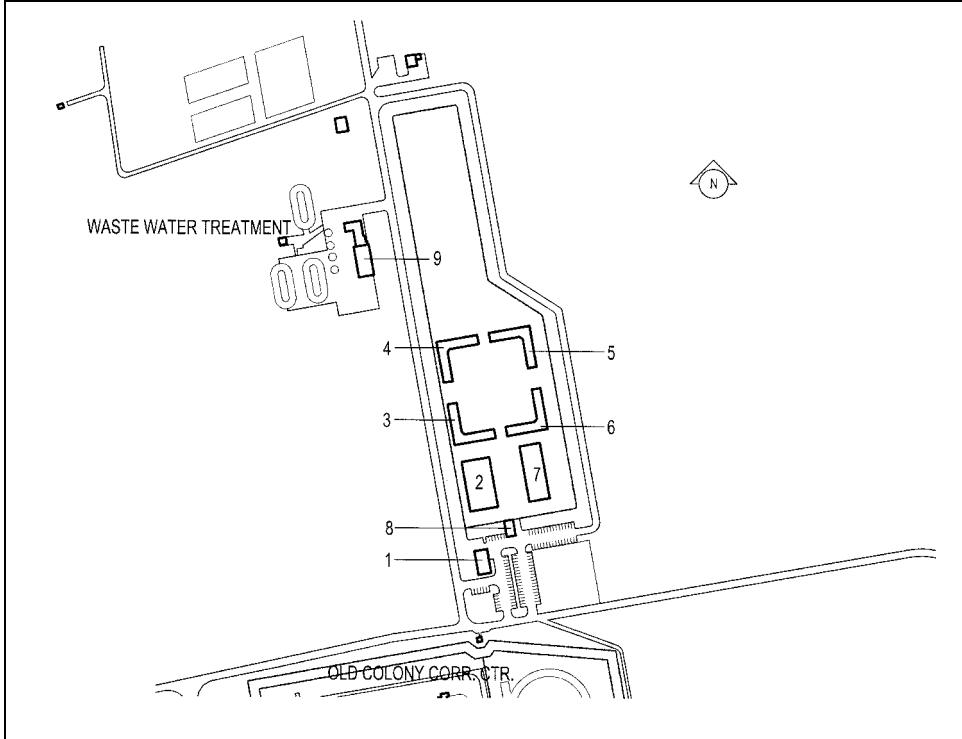
Massachusetts Alcohol and Substance Abuse Center

Address: 2 Admin Road
Bridgewater, MA

Year Opened: 1992

Security Levels: Medium

Sq. Footage: 45,957 gsf



Buildings

1. Maintenance Building #8	2,380 gsf / CAMIS ID 715DOCPB13
2. Administration Building #5	10,800 gsf / CAMIS ID 715DOCPB09
3. Bravo 1 & 2 Housing Unit Bldg #1	5,376 gsf / CAMIS ID 715DOCPB03
4. Charlie 1 & 2 Housing Unit Bldg #2	5,376 gsf / CAMIS ID 715DOCPB06
5. Delta 1 & 2 Housing Unit Bldg #4	5,376 gsf / CAMIS ID 715DOCPB08
6. Alpha 1 & 2 Housing Unit Bldg #3	5,376 gsf / CAMIS ID 715DOCPB07
7. Dining Room/Intake Area Bldg	9,600 gsf / CAMIS ID 715DOCPB11
8. Gate House	1,053 gsf / CAMIS ID 715DOC0701
9. Waste Water Treatment Plant-	126,986 gsf / CAMIS ID 715DOC9244

Massachusetts Alcohol and Substance Abuse Center

Description:

- The facility was designed as a juvenile boot camp in 1992 and is organized like a military base with four barracks units, an administration/programs building, and an intake/dining building within a security perimeter.
- It was constructed on a flat sit next to wetlands. Buildings are of two construction types: 1) metal panel exterior with standing seam metal roof, or 2) tent structure, having aluminum ribs with a coated poly-fabric cover.
- The facility is responsible for providing security for an adjacent waste treatment facility that serves the larger Bridgewater correctional complex.
- The facility receives water, steam, and sanitary sewer as part of the Bridgewater complex.

Major Issues:

- The tensile fabric skin on the intake/dining building and the maintenance building require replacement.
- All buildings are in marginal condition: leaking roofs and related interior problems, HVAC issues, undersized hot water heater.
- The size of the control center, intake, health services, mental health services, laundry, and program space are inadequate for the population served.
- There are inadequate spaces for confidential consultation with medical/mental health staff.
- The kitchen equipment is inadequate and is in poor condition. The floor needs replacement and there are plumbing problems (drains).
- All wiring is underground and in constant contact with the high water table.
- The perimeter lighting and security cameras are insufficient.

Previously Requested Capital Projects:

- Housing Unit / Program Space Expansion
- Dining Room / Intake Building Replacement
- Maintenance Building #8 Replacement

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	Perimeter Fence Upgrades and lightning	MASAC	J000109493		\$800,000	2
2	Infrastructure	HVAC Improvements	MASAC	J000109495		\$425,000	1.5
3	Infrastructure	Intake Building Roof Replacement	MASAC	J000105505		\$200,000	1
3	Infrastructure	Maintenance Building Roof Replacement	MASAC	J000105507		\$200,000	1
5	Infrastructure	Bravo Bldg. Roof Replacement	MASAC	J000105499		\$107,520	1
5	Infrastructure	Charlie Bldg. Roof Replacement	MASAC	J000105501		\$107,520	1
5	Infrastructure	Alpha Bldg. Roof Replacement	MASAC	J000105502		\$107,520	1
5	Infrastructure	Delta Bldg. Roof Replacement	MASAC	J000105502		\$107,520	1
5	Infrastructure	Administration Building Roof Replacement	MASAC	J000105504		\$230,407	1.5
5	Infrastructure	Gate House Building Roof Replacement	MASAC	J000105506		\$1,500	1
						\$1,486,987	

Massachusetts Alcohol and Substance Abuse Center

Housing Capacity:

MASSACHUSETTS ALCOHOL & SUBSTANCE ABUSE CENTER - BRIDGEWATER
(Custody Level: Minimum)
(Date Built: 1992)

REVISED ON: 10/8/2010

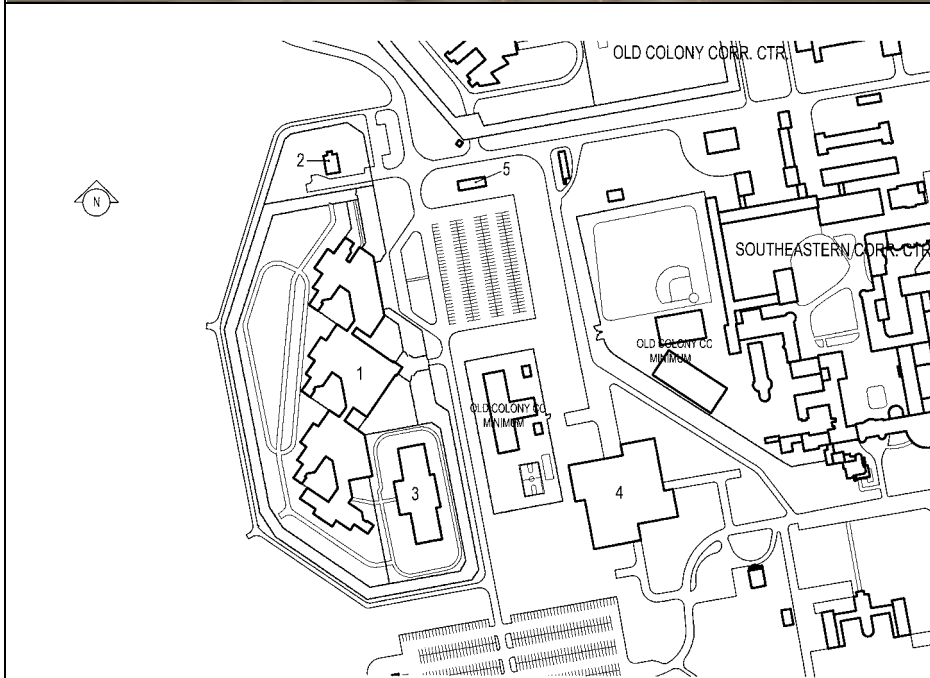
UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	MAX No. of INMATES				
Barracks A (Alpha) 1 & 2	Dorm	x				64	2520	21	2	42	12	12	12	72	1,470	42		42		
Barracks B (Bravo) 1 & 2	Dorm	x				64	2520	21	2	42	12	12	12	72	1,470	42		42		
Barracks C (Charlie) 1 & 2	Dorm	x				64	2520	21	2	42	12	12	12	72	1,470	42		42		
Barracks D (Delta) 1	Cell	x				4	120	1	4	4	6	6	6	36						
	Dorm	x				8	640	8	1	8	4	--	4	24	187	5		5		
Barracks D (Delta) 2	Dorm	x				32	1120	19	1	19	6	6	6	36	856	24		19		
						236	12									150		150	139	236

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



Massachusetts Treatment Center

Address:	Bridgewater Complex Bridgewater, MA
Year Opened:	1986
Security Levels:	Medium
Sq. Footage:	236,982 gsf



Buildings

1. Treatment Center	126,986 gsf / CAMIS ID 715DOC9244
2. Gradual Release Unit	4,860 gsf / CAMIS ID 715DOC9235
3. 300 Bed Modular Housing	46,136 gsf / CAMIS ID 715DOCPB50
4. Central Kitchen/Warehouse (Part of Core Services)	57,600 gsf / CAMIS ID 715DOPB17
5. Bldg #19	1,400 gsf / CAMIS ID 715DOCPB67

Massachusetts Treatment Center

Description:

- The facility opened in 1986 under the department of Mental Health and was transferred to DOC in 1995. The main building is a mega-structure built of masonry, concrete and steel with all housing, programs, and support areas in a single building. The facility is in good condition and well designed for its purpose.
- A precast concrete modular facility was built in 1997 to expand capacity. It was constructed with tilt-up concrete and plank floor construction. It is in fair to good condition.
- “Patients” committed to the facility under civil law, must be kept separate from “inmates” serving a criminal sentence.
- This facility uses the Bridgewater Central Kitchen for most food preparation. Prepared food is transported to the MTC kitchen and is then served at two adjacent dining areas. The facility also utilizes the Bridgewater central storage facility.
- This facility has an extensive vocational program area but it does not have adequate ventilation.
- A courtroom was built as part of the original design, but is not being used as a courtroom.
- There is space adjacent to the facility for expansion.
- The modular dormitory building consists of 6 bunk dorm rooms and gang-style toilet/shower rooms. This design presents potential issues for housing this population.

Major Issues:

- Toilet/Shower rooms in the modular building are in poor condition.
- The closure of the facility’s pre-release/transitional housing inhibits the supervised transition of offenders prior to release.
- Any expansion of the number of beds will require additional program and infrastructure spaces.
- Several roofs require replacement.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects: None.

Housing Capacity:

MASSACHUSETTS TREATMENT CENTER - BRIDGEWATER
(Custody Level: Medium)
(Date Built: 1986)

REVISÉ ON: 10/8/2010

[illegible]

** = or Shower Controls

(MC) = Modular/Wood Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



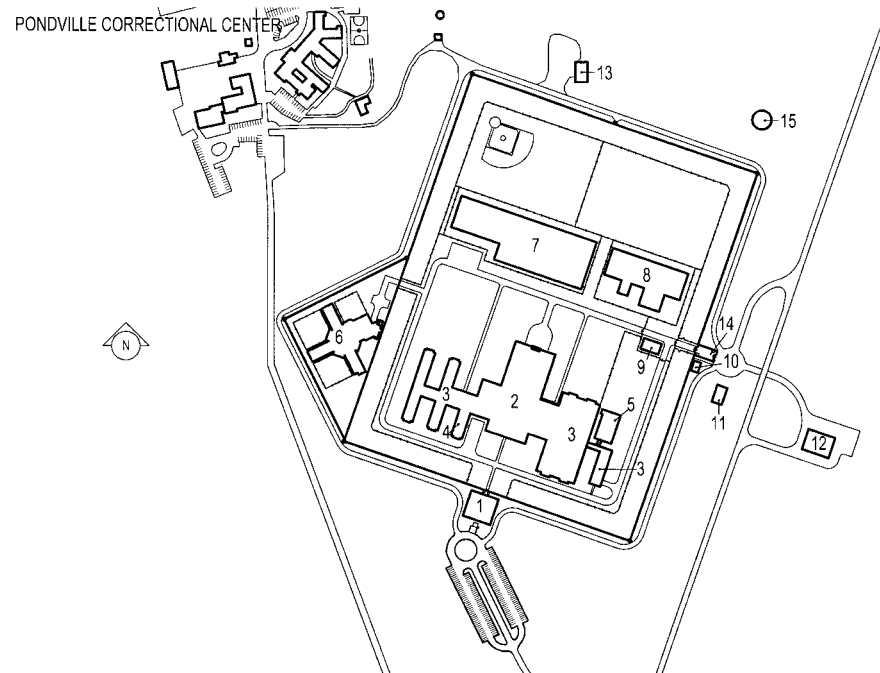
MCI Cedar Junction

Address: P.O. Box 100
Route 1A
South Walpole, MA

Year Opened: 1955

Security Levels: Maximum, Medium

Sq. Footage: 687,485 gsf



Buildings

1. Administration Building	18,200 gsf / CAMIS ID 618DOCPB35
2. Main Building	
3. Housing	431,950 gsf / CAMIS ID 618DOC4440
4. HSU	
5. Orientation Modular Bldg	10,000 gsf / CAMIS ID 618DOC9202
6. DDU Housing Unit	81,000 gsf / CAMIS ID 618DOCPB02
7. Industries Building	95,825 gsf / CAMIS ID 618DOCPB14
8. Foundry (Abandoned)	18,844 gsf / CAMIS ID 618DOC0070
9. Old Weight Station	1,800 gsf / CAMIS ID 618DOCPB33
10. K-9 Building	625 gsf / CAMIS ID 618DOCPB15
11. Garage	3,024 gsf / CAMIS ID 618DOC0090
12. Power Plant	15,200 gsf / CAMIS ID 618DOC3337
13. Training Building	1,500 gsf / CAMIS ID 618DOC0100
14. Vehicle Trap	70 gsf / CAMIS ID 618DOCPB29
15. Water Tower	--

MCI Cedar Junction

Description:

- MCI Cedar Junction, formerly known as MCI Walpole, was built in 1955 on a 35 acre site as the maximum security facility for the Commonwealth. The facility was designed with a central circulation spine with functions off it in a classic “telephone pole” scheme. This creates significant issues with inmate movement and circulation. It is staff intensive and inefficient.
- The facility has recently been “re-missioned” as the DOC intake/orientation facility.
- The facility is in over-all good condition and is well maintained
- The Administration Building is located outside the security wall. It contains the central control, visitor reception, lobby, and administrative offices. It is a two level CMU and steel structure with a cement stucco exterior finish which needs repair. The basement houses the Intake /Transfer/Release area. The operational flow in this area is not optimal. The location and configuration of the spaces make it difficult to provide observation and security.
- Food Service is provided in a large central kitchen and dining area.
- The Industries Building is located within the secure perimeter and is in good condition. It houses industry and warehouse functions but has significant space available for a new use. It is a steel frame building.
- In 1992, the DOC Department Disciplinary Unit was added to the facility by enclosing an area adjacent to the perimeter security wall with an extension. It is a three story concrete and steel structure in very good condition.
- The medical/mental health area has inadequate space, is crowded and poorly organized.
- The stair access to the basement library is narrow, isolated and has blind spots.
- MCI Cedar Junction is part of a four facility complex located in Walpole and Norfolk. They share a common issue of a restricted water supply which limits inmate population at the facilities. DOC has plans to eliminate this issue by connecting to a municipal water supply when funding is available.

Major Issues:

- There are operational and efficiency issues inherent in the design of the facility.

Previously Requested Capital Projects:

- None

MCI Cedar Junction

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	10 Block New Cell Front	Cedar Junction	J000109479		\$1,250,000	2
2	Security	DDU Exercise Yard Renovations	Cedar Junction	J000111139		\$850,000	2
2	Security	10 Block Exercise Yard Renovations	Cedar Junction	J000109481		\$1,250,000	1.5
2	Security	DDU Door Control Wiring Replacement	Cedar Junction			\$250,000	4
1	Clean State	PCB Switch Gear Replacement	Cedar Junction	J000109483		\$1,200,000	2
1	Clean State	Clean and Paint Elevated Water Tanks	Cedar Junction/Norfolk	J000109588	3 Tanks	\$2,500,000	2
1	DPH Required	Housing Unit Shower Renovation	Cedar Junction	J000109485		\$200,000	1.5
1	Infrastructure	Sallyport Entry Floor Repair	Cedar Junction	J000109486		\$45,000	1
1	Infrastructure	Replace Electrical Feeders and switches	Cedar Junction	J000109487	Some repairs underway	\$4,000,000	4
1	Infrastructure	Repair Various Roofs	Cedar Junction	J000109488	Main Inst. , Outer Bldgs. , East Wing	\$8,173,000	4
1	Infrastructure	Sewer Line repairs	Cedar Junction	J000110799	10 Block and Orientation	\$50,000	3
1	Infrastructure	Water main shut-off and hydrant repairs	Cedar Junction	J000110800	DDU and 9 Block	\$45,000	3
1	Infrastructure	Smoke Evacuation fans in block 7 & 8	Cedar Junction	J000110803	Includes new controls	\$20,000	1
2	Infrastructure	Replace "Hot-Wire"	Cedar Junction	J000109489		\$1,400,000	3
3	Infrastructure	Handball court construction	Cedar Junction	J000110797	Recreation yard	\$75,000	4
3	Infrastructure	Auditorium ceiling replacement	Cedar Junction	J000110798	Auditorium	\$125,000	4
3	Infrastructure	Power Plant Roof Replacement	Cedar Junction	J000105617	Not included in \$8.1 request.	\$304,000	1
3	Infrastructure	Perimeter Storm Drain Manhole	Cedar Junction - DDU	J000109586		\$25,000	1
4	Infrastructure	Tower Window Replacement (Minimum End)	Cedar Junction	J000109491	Perimeter Towers	\$1,575,000	2
4	Infrastructure	Search Light Install	Cedar Junction	J000109492		\$65,000	1
4	Infrastructure	Window/Skylight Replacement	Cedar Junction	J000109585	Some done under Chp. 25A	\$8,500,000	3
5	Infrastructure	Foundry Building Roof Replacement	Cedar Junction	J000105614	Not included in \$8.1 request.	\$376,880	1
5	Infrastructure	Garage Roof Replacement	Cedar Junction	J000105615	Not included in \$8.1 request.	\$60,480	1
5	Infrastructure	Training Building Roof Replacement	Cedar Junction	J000105616	Not included in \$8.1 request.	\$30,000	1
						\$32,369,360	

Housing Capacity:

MCI CEDAR JUNCTION - SOUTH WALPOLE
(Custody Level: Maximum/Medium)
(Date Built: 1955)

REVISÉ ON: 10/8/2010

[illegible]

** = or Shower Controls

(MC) = Modular/Concrete Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



MCI Concord

Address: 965 Elm Street
Concord, MA 01742

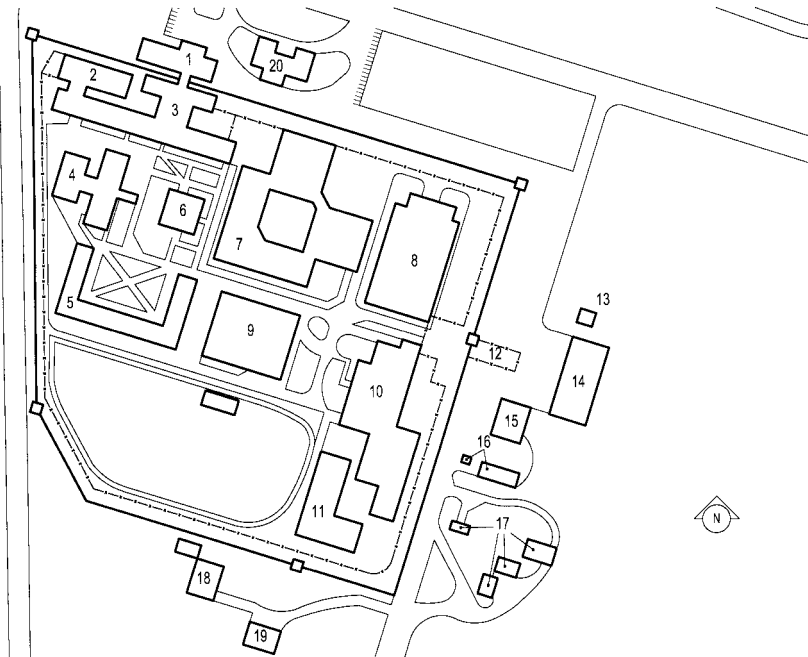
Year Opened: 1893

Security Levels: Medium

Sq. Footage: 518,202 gsf

Buildings

1. Bldg. A Admin/Lobby	33,500 gsf / CAMIS ID 430DOC0010
2. Bldg. C Housing	23,200 gsf / CAMIS ID 430DOC0966
3. Bldg. B Admin/Visiting	20,748 gsf / CAMIS ID 430DOC0650
4. Kitchen/Dining	14,900 gsf / CAMIS ID 430DOC0964
5. Bldg. E Housing	34,640 gsf / CAMIS ID 430DOC0963
6. Chapel	6,400 gsf / CAMIS ID 430DOC0061
7. Bldg. J Programs/Housing	49,000 gsf / CAMIS ID 430DOC9503
8. Bldg. L Intake/Housing/Laundry	40,800 gsf / CAMISID 430DOC0610
9. Bldg. H Gym/School	64,000 gsf / CAMIS ID 430DOC0121
10. Bldg. F Maintenance Shops	28,600 gsf / CAMIS ID 430DOC0974
11. Modular Housing	16,600 gsf / CAMIS ID 430DOCPB03
12. Vehicle Trap	380 gsf / CAMIS ID 430DOCPB08
13. Grounds Storage	--
14. Warehouse	28,600 gsf / CAMIS ID 430DOC0974
15. Power Plant	7,200 gsf / CAMIS ID 430DOC0717
16. Electrical/Emerg.	2,400 gsf / CAMIS ID 430DOCPB04
17. Waste Water Treat. Plant	--
18. Autoshop	6,500 gsf / CAMIS ID 430DOC0780
19. Abandoned	4,700 gsf / CAMIS ID 430DOC0642
20. Overflow (Admin)	28,960 gsf / CAMIS ID 430DOC0962



MCI Concord

Description:

- The 528 acre site has 15 buildings in a campus-style layout.
- The facility was constructed in 1878 as a new penitentiary, was as a reformatory for men under age 30 for some time, and was finally designated as a medium security facility in 1955 when it was renamed MCI Concord. From the mid-1970's until recently, it has served as DOC's Intake and Classification Center.
- A number of buildings were constructed in the 1950's and 1960's. They are in good to fair condition and include Buildings A, C, E, D, H, and L.
- Recent expansion includes Building J housing and electrical generator building in the early 1990's, the chapel and modular units in the mid-1990's, and Building L dormitory and Building C SMU renovations in 2005.
- The waste water treatment plant was expanded in the 1990's. It is shared with the Northeastern Correctional Center.
- The central power plant outside the secure perimeter received a low pressure steam renovation in 2004.
- The facility was recently re-missioned back to a medium security facility and may require renovations to provide for additional program space.
- The former Training / Transport Building (south of the secure perimeter) is structurally marginally and has been vacant for several years.

Major Issues:

- Overcrowded visitation center, often results in turning visitors away.
- Storage and non-traditional areas have been converted to temporary dorm-style housing. (Temporary non-traditional housing was not included in housing capacity calculations.)
- Security systems vary in age and are not integrated.

Previously Requested Capital Projects:

- Detox Unit
- Modular Replacement

MCI Concord

CAMIS Requested Projects: (Continued on next page)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	Security Improvements	Concord	J000109292	A,B, D,E,H,I,J, and Tower;	\$3,500,000	4
2	Security	Replace Spotlights in Towers	MCI-Concord	J000109295		\$65,000	1
2	Security	Replace Tower Window & Exterior Siding	MCI-Concord	J000109296		\$225,000	1.5
3	Expansion	Replace Modular Building	MCI-Concord	J000109566		\$5,500,000	4
2	Clean State	Grease Trap Installation	MCI-Concord	J000109291	Working to do D-building in-house	\$450,000	2
3	Clean State	Improve Drainage In-Service Yard	MCI-Concord	J000109290		\$50,000	1
3	Clean State	Upgrade Lift Station Pump/Float, Cons. Sm. Storage Bld	MCI-Concord WPCF	J000109571		\$10,000	1
1	DPH Required	Replace Vents for Kitchen & Dish room in D-Building	Concord	J000109298		\$65,000	1
1	DPH Required	Repair or Replace Chair Lift	Concord	J000109299		\$60,000	1
1	DPH Required	Replace HV Ductwork E-Building	Concord	J000109300		\$1,000,000	2
1	DPH Required	HV Control in A,B,C,E Buildings	Concord	J000109301		\$750,000	2
1	Infrastructure	Ventilation at H-Building, E-Shower and D-Kitchen	Concord	J000109302		\$675,000	2
1	Infrastructure	Muffin monster sewer grinder @ E-bldg.	Concord	J000109304		\$70,000	1
1	Infrastructure	Replace Sewer Line in E-Building	Concord	J000109305		\$1,500,000	2
1	Infrastructure	Upgrade Sections of Sewer Lines	Concord	J000109306		\$650,000	2
2	Infrastructure	Repave and Add Drainage at Main Walk	Concord	J000109303	Between Gym and J-Building.	\$85,000	1
2	Infrastructure	Install Gas detector in Modular Unit	Concord	J000109307	In progress.	\$45,000	1
2	Infrastructure	Perimeter Wall Lights	Concord	J000109308	Some repairs in-house.	\$225,000	2
2	Infrastructure	Fire Alarm/Sprinkler system Upgrades	Concord	J000109309		\$525,000	2
2	Infrastructure	ADA Access repairs	Concord	J000109310		\$175,000	1.5
2	Infrastructure	Repair Roof at Auto Shop	Concord	J000109311		\$195,000	1
2	Infrastructure	Replace Spring Beds with Pan Beds	MCI-Concord	J000109312		\$425,000	1
3	Infrastructure	B-building Gate Upgrades	Concord	J000109313		\$200,000	1.5
3	Infrastructure	Plumbing Renovations E-bldg.	Concord	J000109314		\$500,000	2
3	Infrastructure	J-bldg. Elevator repairs	Concord	J000109315		\$125,000	1.5
3	Infrastructure	J-bldg. HSU gate repairs and L vehicle gates	Concord	J000109317		\$135,000	1
3	Infrastructure	Hot water heater and mixing valve repairs	Concord	J000109318	J-bldg.	\$50,000	1
3	Infrastructure	D-bldg. Food Service Director's office	Concord	J000109319		\$65,000	1
3	Infrastructure	Replace windows C & E	Concord	J000109320		\$2,500,000	2
3	Infrastructure	Condensate tank replacement, D,I, and L bldg.	Concord	J000109321		\$50,000	1
3	Infrastructure	Re-Design Of J - Control	Concord	J000109322		\$200,000	2
3	Infrastructure	New Fire Alarm @ Overflow Building	Concord	J000109323		\$120,000	1
3	Infrastructure	Expand Commonwealth Avenue Parking	Concord	J000109324		\$125,000	1
3	Infrastructure	Paving Road to WWTP	Concord	J000109325		\$75,000	1
3	Infrastructure	Replace Showers in E-Building	Concord	J000109326		\$125,000	1
3	Infrastructure	Replace Flooring in E-Building	Concord	J000109327		\$140,000	1
3	Infrastructure	Repair Steam Line	Concord	J000109328		\$200,000	1
3	Infrastructure	Fire Alarm Transmitters	DRM Concord/Victim Svcs	J000109329		\$65,000	1
3	Infrastructure	B#1 Ad/Operation/Visiting Roof Replacement	Concord	J000105608		\$414,960	2
3	Infrastructure	J Building Phase II Roof Replacement	Concord	J000105607		\$980,000	1.5

MCI Concord

CAMIS Requested Projects: (Continued)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
3	Infrastructure	E-Building Housing Unit Roof Replacement	Concord	J000105610		\$692,800	2
3	Infrastructure	J Building Housing Unit #10 Roof Replacement	Concord	J000105611		\$1,555,000	2
3	Infrastructure	Modular Unit #2 Roof Replacement	Concord	J000105612		\$332,000	1
4	Infrastructure	New Drainage System Outside D-Building	Concord	J000109285		\$80,000	1
4	Infrastructure	Replace Gym Floor - Upper Level	Concord	J000109286	From Inmate Benefit Funds.	\$150,000	1
4	Infrastructure	Repair Damaged Screen/J-Building	Concord	J000109287		\$20,000	1
4	Infrastructure	Upgrade HV in Store House	Concord	J000109288		\$75,000	1
4	Infrastructure	A Building Admin Roof Replacement	Concord	J000105679		\$75,000	1
4	Infrastructure	K Building Chapel Roof Replacement	Concord	J000105602		\$140,000	1
4	Infrastructure	H Building Gym Roof Replacement	Concord	J000105603		\$1,280,000	2
4	Infrastructure	I Building Industrial Roof Replacement	Concord	J000105604		\$744,000	1.5
4	Infrastructure	L Building Housing Unit Roof Replacement	Concord	J000109280		\$816,000	1.5
5	Infrastructure	Renovate Training Building	Concord	J000109277	Stress Unit	\$50,000	1
5	Infrastructure	Main Parking Lot Repave	Concord	J000109278	Portion done under P97-2, DC1	\$125,000	1
5	Infrastructure	Install Fiber Optic Lines to Towers	Concord	J000109279		\$100,000	1
5	Infrastructure	Power Supply Bldg. 6 Roof Replacement	Concord	J000105605		\$144,000	1
5	Infrastructure	Training Building Roof Replacement and Renovation	Concord	J000105606	Done in-house	\$0	1
5	Infrastructure	Garage/Auto Body #24 Roof Replacement	Concord	J000109281		\$195,000	1
5	Infrastructure	Overflow Building Roof Replacement	Concord	J000105609		\$130,320	1
5	Infrastructure	D Building Kitchen & Dining Roof Replacement	Concord	J000109282		\$298,000	1.5
5	Infrastructure	C Building Special Housing Roof Replacement	Concord	J000109283		\$466,000	1.5
5	Infrastructure	F Building Warehouse Roof Replacement	Concord	J000109284		\$572,000	1
						\$30,075,080	

MCI Concord

Housing Capacity:

MCI CONCORD - CONCORD
(Custody Level: Medium)
(Date Built: 1893)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES						
C Bldg - New Line	Cell	x				96	61	1	48	48	8	48	64	1,336	38	38				
C Bldg - SMU North	Cell		x			30	61	1	30	30	4	30	32	588	17	17				
C Bldg - SMU South	Cell	x				30	61	1	30	30	4	30	32							
E Bldg - East Up	Cell	x				104	60	1	52	52										
E Bldg - East Dn	Cell	x				108	60	1	54	54										
E Bldg - West Up	Cell	x				104	60	1	52	52	212	20	212	160	4,092	117	117			
E Bldg - West Dn	Cell	x				108	60	1	54	54										
H Bldg (Gym) - H-1	Cell	x				--					13	8	12	64	0	0	--	Over Flow Housing - Converted shower room to dorm space, 26 to 35 beds (not in count)	0	
J Bldg - J-1	Cell	x				60	72	2	30	60	30	6	30	48	831	24	24			
J Bldg - J-2	Cell	x				90	72	2	45	90	45	8	45	64	1,319	38	38			
J Bldg - J-3	Cell	x				90	72	2	45	90	45	8	45	64	1,319	38	38			
J Bldg - J-4	Cell		x			60	72	2	30	60	30	6	30	48	831	24	24	Segregation Unit	24	
J Bldg - J-5	Cell	x				90	72	2	45	90	45	8	45	64	1,319	38	38			
J Bldg - J-6	Cell	x				90	72	2	45	90	45	8	45	64	1,319	38	38			
J Bldg - J-7 (Dorm)	Dorm		x			(38)	2940	38	2	76	2	0	2	30	0	0	--	Over flow housing		
L Bldg (Dorm) - L-1	Dorm	x				84	3990	66	1	66	13	10	10	78	2,310	67	66		66	
L Bldg (Dorm) - L-2	Dorm	x				84	3650	61	1	61	13	10	10	78	2,135	61	61		61	
L Bldg (Dorm) - L-3	Dorm	x															--	Over flow housing above laundry (Unit Offline)	--	
L Bldg (Dorm) - L-4	Dorm	x				(36)														
M Bldg - Modular A (MW)	Dorm	x				30	242	4	5	20	8	8	8	48	1,925	55	48		48	
M Bldg - Modular A (MW)	Dorm	x				40	372	6	5	30										
M Bldg - Modular B (MW)	Dorm	x				30	242	4	5	20	8	8	8	48	1,925	55	48		48	
M Bldg - Modular B (MW)	Dorm	x				40	372	6	5	30										
						1368	584									595		595	1303	614

(MW) = Modular/Wood Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".

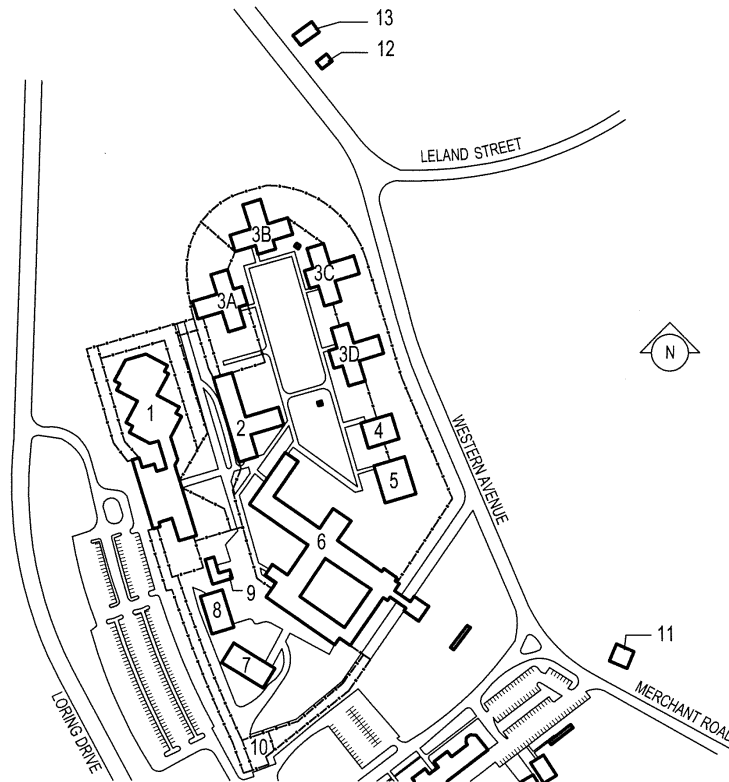


MCI Framingham

Address:	90 Loring Road Framingham, MA 01704
Year Opened:	1877
Security Levels:	Awaiting Trial, Medium & Maximum
Sq. Footage:	355,861 gsf

Buildings

1. Betty Cole Smith	55,695 gsf / CAMIS ID 450DOC9101
2. Health Services/Barton	37,250gsf / CAMIS ID 450DOCPB06
3. Housing	
3A Laurel	8,500 gsf / CAMIS ID 450DOC0280
3B Algon	8,500 gsf / CAMIS ID 450DOC0290
3C Town Line	8,500 gsf / CAMIS ID 450DOC0310
3D Pioneer	8,500 gsf / CAMIS ID 450DOC0300
4. Modular Unit	10,000 gsf / CAMIS ID 450DOC0301
5. Brewster Bldg.	16,560 gsf / CAMIS ID 450DOC9102
6. Old Administration	118,000gsf / CAMIS ID 450DOC0010
7. Garage/Carpenter Shop	12,400 gsf / CAMIS ID 450DOC0170
8. Power Plant	5,900 gsf / CAMIS ID 450DOC0100
9. Tool Crib	2,900 gsf / CAMIS ID 450DOC0190
10. Vehicle Trap	288 gsf / CAMIS ID 450DOCPB15
11. Mechanical Garage	6,800 gsf / CAMIS ID 450DOC0080
12. State House	--
13. Kennel	--



MCI Framingham

Description:

- MCI Framingham was originally constructed as a reformatory in 1877. It is the DOC's only committing institution for female offenders. It is the oldest female correctional institution in operation in the United States. The facility houses women at various security levels, including DOC sentenced and sheriff department offenders, and awaiting trial inmates. This mix of population creates numerous issues especially for an agency geared towards longer term incarceration and rehabilitation.
- The original 1877 Administration Building is a large three story brick masonry and heavy timber structure. The building is used for inmate programs while the West Wing is currently vacant due to security issues.
- The facility consists of six housing units and two modular buildings containing dorm housing units. Modular Unit #15 is one story built in 1981 and Brewster is two stories built in 1989. Both are presently in fair to good condition but are not long term structures.
- Food services are provided from three separate areas. The central kitchen is located in the basement of the old Administration Building. The main serving area is located on the second floor with food transported via elevator. Food is transported outdoors by cart to the Smith Building.
- The Health Services/Barton Building is dated in design for its current use. With 70% of the inmates reported as open mental health cases and 50% on psychotropic medications, it is a critical facility. Its metal frame non-insulated windows require replacement.
- The site appears to have capacity for expansion.

Major Issues:

- The facility needs improvements to the perimeter security including revisions & additions to the fence and security system.
- Accessibility and Hayes Report improvements are required.
- Equipment in the medical and kitchen areas require upgrades.
- Health services unit is inadequate for number of detainees requiring detox and inmates requiring mental health services.

Previously Requested Capital Projects:

- Modular Replacements
- Housing Expansion

MCI Framingham

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities						
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost
DOC05	MCI - FRAMINGHAM	BETTY COLE SMITH BUILDING/#1	J000105379	SECURITY UP GRADES SMITH BUILDING	SMITH BUILDING SECURITY UP GRADES	750,000 Requested

TOTAL ESTIMATED COSTS

\$750,000

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
Security	Smith Building Security System Upgrade	MCI-Framingham	J000109351		\$850,000	2
Security	Perimeter Fence Upgrades	MCI-Framingham	J000109330	Small percentage being done.	\$2,500,000	4
Security	Increase CCTV Data Storage	MCI-Framingham	J000109352	Work being done this fiscal year 2010	\$25,000	1
Clean State	Chapter 25A Project (Energy Savings)	MCI-Framingham	J000109332		\$16,000,000	4
DPH Required	Cottage Renovations	MCI-Framingham	J000109333	Some work being done	\$3,500,000	4
Infrastructure	Power Plant/Warehouse/Maintenance Building	MCI-Framingham	J000109334	If expansion does not move forward.	\$18,000,000	4
Infrastructure	Replace DA Tank @ Power Plant	MCI-Framingham	J000111141		\$100,000	
Infrastructure	Betty Cole Smith Roof Replacement	Framingham	J000106520		\$1,782,295	2
Infrastructure	Upgrade Fire Alarm	MCI-Framingham	J000109336		\$1,575,000	2
Infrastructure	Brewster Heating Units	MCI-Framingham	J000109337		\$50,000	1
Infrastructure	Cottage condensate return replacement	MCI-Framingham	J000111142		\$750,000	
Infrastructure	Insulate Cottages, HSU Piping	MCI-Framingham	J000109338		\$45,000	1
Infrastructure	Laurel Cottage Roof Replacement	Framingham	J000105470		\$170,000	1
Infrastructure	Algon Cottage Roof Replacement	Framingham	J000105479		\$170,000	1
Infrastructure	Town Line Cottage Roof Replacement	Framingham	J000105480		\$170,000	1
Infrastructure	Pioneer Cottage Roof Replacement	Framingham	J000105481		\$170,000	1
Infrastructure	Modular Unit Roof Replacement	Framingham	J000105482		\$200,000	1
Infrastructure	Brewster Building Roof Replacement	Framingham	J000105483		\$350,000	1
Infrastructure	Steamline Repairs	Framingham	J000109350	HSU	\$65,000	1
Infrastructure	Vehicle gate repairs	Framingham	J000109339		\$25,000	1
Infrastructure	Paving and Fire access road	Framingham	J000109340		\$75,000	1
Infrastructure	Cottage window replacement	Framingham	J000109341		\$1,200,000	2
Infrastructure	Outside Warehouse	Framingham	J000109342	Includes New Power Plant (space for)	\$5,500,000	4
Infrastructure	Old Main Hot Water Distribution system	Framingham	J000109343		\$75,000	1
Infrastructure	Old Ad Building Roof Replacement	Framingham	J000105477		\$534,996	2
Infrastructure	Old Superintendent Building Roof Replacement	Framingham	J000105478		\$29,160	1
Infrastructure	Secure West Wing Interior	Framingham	J000109353		\$50,000	1
Infrastructure	Vehicle Maintenance Garage	Framingham	J000109344	Part of outside warehouse	\$105,000	4
Infrastructure	Repave Perimeter Road	Framingham	J000109345		\$180,000	1
Infrastructure	Tool Crib Roof Replacement	Framingham	J000109347		\$58,000	1
Infrastructure	Vehicle Trap Roof Replacement	Framingham	J000106521		\$7,840	1
Infrastructure	Install Platform	Framingham	J000109349		\$225,000	1
					\$52,117,291	

MCI Framingham

Housing Capacity:

MCI FRAMINGHAM - FRAMINGHAM
(Custody Level: Medium)
(Date Built: 1877)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)				COMMENTS
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C	DAYROOM SF (35SF per Inmate)	D	E	
F																		
IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)															
	29																	
	29																	
Add: 3 Showers **	29																	
Add: 3 Showers **	29																	
Add: 3 Showers **	29																	
Add: 3 Showers **	29																	
Add: 1 Sink, 1 Shower **, 1 Toilet	54																	
Add: 1 Sink, 1 Shower **, 1 Toilet	54																	
	22																	
Add: 2 Showers **	64																	
Add: 2 Showers **	64																	
	--	64 Beds (not in count)	--															
	--	4 Holding cells (not in count)	--															
	--	42 Beds (not in count)	--															
	--	32 beds (not in count)	--															
	432	613	452															

(MW) = Modular/Wood Building

(HSU) = Health Services Unit

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



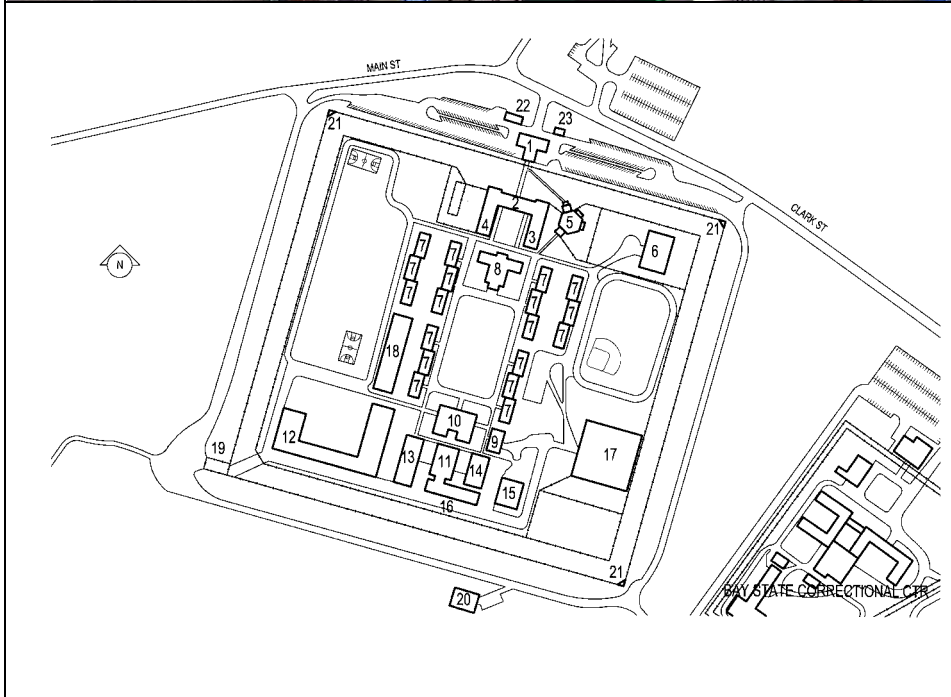
MCI Norfolk

Address: 2 Clarks Street
Norfolk, MA 02056

Year Opened: 1931

Security Levels: Medium

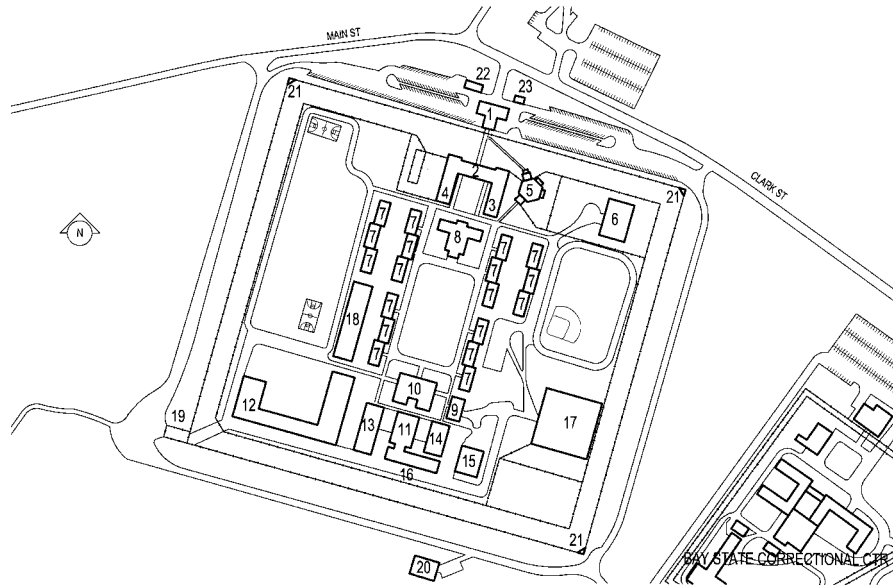
Sq. Footage: 678,317 gsf



Buildings

1. Gate House/Yard Tower	1,760 gsf / CAMIS ID 625DOC0676
2. Administration	17,595 gsf / CAMIS ID 625DOC0697
3. HSU/Intake	26,775 gsf / CAMIS ID 625DOC0673
4. SMU	18,360 gsf / CAMIS ID 625DOCPB68
5. Visiting	5,780 gsf / CAMIS ID 625DOC0696
6. Modular Housing	4,920 gsf / CAMIS ID 625DOCPB61 (Unit P-1)
	4,920 gsf / CAMIS ID 625DOCPB62 (Unit P-2)
7. Housing	10,624 gsf / CAMIS ID 625DOCPB35 (Unit 1-1)
	10,624 gsf / CAMIS ID 625DOCPB36 (Unit 1-2)
	10,624 gsf / CAMIS ID 625DOCPB37 (Unit 1-3)
	10,624 gsf / CAMIS ID 625DOCPB38 (Unit 2-1)
	10,624 gsf / CAMIS ID 625DOCPB39 (Unit 2-2)
	10,624 gsf / CAMIS ID 625DOCPB40 (Unit 2-3)
	10,624 gsf / CAMIS ID 625DOCPB41 (Unit 3-1)

MCI Norfolk



	10,624 gsf / CAMIS ID 625DOCPB42 (Unit 3-2)
	10,624 gsf / CAMIS ID 625DOCPB43 (Unit 3-3)
	10,624 gsf / CAMIS ID 625DOCPB44 (Unit 4-1)
	10,624 gsf / CAMIS ID 625DOCPB45 (Unit 4-2)
	10,624 gsf / CAMIS ID 625DOCPB46 (Unit 4-3)
	10,624 gsf / CAMIS ID 625DOC0656 (Unit 6-1)
	10,624 gsf / CAMIS ID 625DOCPB47 (Unit 6-2)
	10,624 gsf / CAMIS ID 625DOCPB48 (Unit 6-3)
	10,624 gsf / CAMIS ID 625DOC0655 (Unit 7-1)
	10,624 gsf / CAMIS ID 625DOCPB49 (Unit 7-2)
	10,624 gsf / CAMIS ID 625DOCPB50 (Unit 7-3)
8. Programs	18,900 gsf / CAMIS ID 625DOC0653
9. Canteen	3,034 gsf / CAMIS ID 625DOC0661
10. Classroom/Library	21,080 gsf / CAMIS ID 625DOCPB59
11. Kitchen/Housing	15,240 gsf / CAMIS ID 625DOC0662
12. Industries	111,218 gsf / CAMIS ID 625DOC0659
13. Laundry/Voc. Ed.	17,470 gsf / CAMIS ID 625DOCPB81
14. Maintenance	17,304 gsf / CAMIS ID 625DOCPB58
15. Old Power Plant (Condemned)	7,847 gsf / CAMIS ID 625DOCPB60
16. Warehouse	20,640 gsf / CAMIS ID 625DOC0689
17. Recreation	33,124 gsf / CAMIS ID 625DOC0672
18. Housing	15,250 gsf / CAMIS ID 625DOCPB51 (Unit 8-1)
	15,250 gsf / CAMIS ID 625DOCPB52 (Unit 8-2)
19. Sallyport	--
20. Power Plant	8,500 gsf / CAMIS ID 625DOC0676
21. Yard Tower	--
22. Grounds Storage	--
23. Property Storage	--

MCI Norfolk

Description:

- MCI Norfolk was opened in 1931 as the first “community-based” prison in the United States. A major portion of the present institution, including the prison wall, was constructed by inmates. MCI Norfolk has the largest inmate population for any single DOC facility.
- The initial housing was similar to college dorms of the period in design and the campus style community atmosphere. The institution offers the widest range of inmate housing within any individual DOC facility. The most recent housing units, 8-1 & 8-2 were constructed in 1997 and contain 96 precast concrete cells.
- The facility’s campus has an interconnecting tunnel system to all the original buildings for utilities, transporting prepared food/supplies, and staff movement. Each housing unit has a warming kitchen and a dining area. Food is prepared in the central kitchen and delivered via the tunnels and dumbwaiters to the housing units. The dumbwaiters require repairs and the food services equipment requires upgrades.
- There is a central power plant outside the secure perimeter that provides steam for the facility.
- The facility has extensive vocational and industries programs. The industries programs of MASSCOR include metals, mattress shop, paint shop, clothing, silk screening, upholstery, and furniture shops.
- As with the other DOC institutions in the Norfolk/Walpole area, MCI Norfolk is subject to water limitation issues. See MCI Cedar Junction.

Major Issues:

- The 1930’s housing has exterior envelope issues with roofs and masonry re-pointing & repairs.
- Housing units Probation 1 & 2 are located in a Type II modular wood building. The building was erected in 1980 as temporary housing and is in poor condition.
- The old power plant building within the secure perimeter has been vacant for years. It contains hazardous materials and is a security issue.
- The security camera system is limited to 25 cameras and needs to be significantly expanded.
- There are significant accessibility upgrades and Hayes Report improvements required.

Previously Requested Capital Projects:

- Modular Replacement
- HRD /Industries Expansion
- Transportation Garage

CAMIS Requested Projects: (continued on next page)

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							Dec-10
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
DOC08	MCI - NORFOLK	SPECIAL OPS BUILDING	J000107507	MCI NORFOLK RAO'S	MCI NORFOLK RAO'S	30,000	Requested
DOC08	MCI - NORFOLK	SPECIAL OPS BUILDING	J000107508	STORM WATER - PHASE 2	STORM WATER - PHASE 2	100,000	Requested

Total Requested: 130,000

MCI Norfolk

CAMIS Requested Projects: (continued)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
1	Clean State	Clean and Paint Elevated Water Tanks	Cedar Junction/Norfolk	J000109588	3 Tanks	\$2,500,000	2
1	Clean State	Water System Upgrades	Norfolk	J000111151		\$5,000,000	4
2	Clean State	Water System Automation	Norfolk	J000109413		\$500,000	2
3	Clean State	Headwork heating and ventilation system upgrade	Norfolk WPCF	J000109414		\$25,000	1
3	Clean State	Alum Delivery System Replacement	Norfolk WPCF	J000109415		\$10,000	1
3	Clean State	Sampling Station Upgrade at Final Effluent	Norfolk WPCF	J000109416		\$10,000	1
3	Clean State	Ultraviolet Disinfection	Norfolk WPCF	J000109419		\$150,000	1
1	DPH Required	Upgrade Hot Water	Norfolk	J000111152	Currently under study	\$500,000	
1	DPH Required	Housing Unit Shower Renovation	Norfolk	J000111153		\$500,000	
1	Infrastructure	Replace gate House Lobby Door	Norfolk	J000109580		\$9,500	1
1	Infrastructure	Replace all unit dishwashers	Norfolk	J000111154		\$150,000	1
1	Infrastructure	Repair Fire Detection System/Master Plan	Norfolk	J000109582	Phase II - Admin. Bldg. Done FY06	\$3,000,000	2
1	Infrastructure	Demolish Old Power Plant	Norfolk	J000109583	Design complete.	\$500,000	1
1	Infrastructure	Telecommunication cabling upgrades	Norfolk	J000111154		\$450,000	
2	Infrastructure	CTU Garage Renovation	Norfolk	J000109584	Some work has been done.	\$150,000	1
2	Infrastructure	Gate House chair lift	Norfolk	J000111156		\$45,000	1
2	Infrastructure	Transportation Garage	Norfolk	J000109602	State Transportation	\$2,000,000	2
2	Infrastructure	Roof - Still areas remaining	Norfolk	J000109612		\$4,740,326	2
2	Infrastructure	Repointing of Housing Units	Norfolk	J000109407		\$3,500,000	2
2	Infrastructure	Probation Unit P-1 Roof Replacement	Norfolk	J000105649		\$157,444	1
2	Infrastructure	Probation P-2 Roof Replacement	Norfolk	J000105650		\$157,444	1
2	Infrastructure	OIC School Bldg. Roof Replacement	Norfolk	J000105652	structural issues	\$674,581	1.5
3	Infrastructure	New doors and windows at housing	MCI-Norfolk	J000111143		\$2,500,000	
3	Infrastructure	Electrical distribution upgrades	MCI-Norfolk	J000111144		\$7,000,000	
3	Infrastructure	Repaint Exterior Egress Stairs	MCI-Norfolk	J000109611		\$320,000	1
3	Infrastructure	Repair Roadway to Water Well Field	Norfolk	J000111157		\$50,000	1
3	Infrastructure	Dumbwaiters - Repair	Norfolk	J000109406		\$150,000	2
3	Infrastructure	Transportation Garage Roof Replacement	Norfolk	J000105675		\$474,254	1.5
3	Infrastructure	Auditorium Building Roof Replacement	Norfolk	J000105626		\$113,900	1
3	Infrastructure	Dorm 1-1 Roof Replacement	Norfolk	J000105628		\$65,000	1
3	Infrastructure	Dorm 1-1 Roof Replacement	Norfolk	J000105627		\$65,000	1
3	Infrastructure	Dorm 1-3 Roof Replacement	Norfolk	J000105630		\$65,000	1
3	Infrastructure	Dorm 2-1 Roof Replacement	Norfolk	J000105631		\$65,000	1
3	Infrastructure	Dorm 2-2 Roof Replacement	Norfolk	J000105632		\$65,000	1
3	Infrastructure	Dorm 2-3 Roof Replacement	Norfolk	J000105633		\$65,000	1
3	Infrastructure	Dorm 3-1 Roof Replacement	Norfolk	J000105634		\$65,000	1
3	Infrastructure	Dorm 3-2 Roof Replacement	Norfolk	J000105636		\$65,000	1
3	Infrastructure	Dorm 3-3 Roof Replacement	Norfolk	J000105637		\$65,000	1
3	Infrastructure	Dorm 4-1 Roof Replacement	Norfolk	J000105638		\$65,000	1
3	Infrastructure	Dorm 4-2 Roof Replacement	Norfolk	J000105639		\$65,000	1
3	Infrastructure	Dorm 4-3 Roof Replacement	Norfolk	J000105640		\$65,000	1
3	Infrastructure	Dorm 6-1 Roof Replacement	Norfolk	J000105641		\$65,000	1

MCI Norfolk

CAMIS Requested Projects: (continued)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
3	Infrastructure	Dorm 6-2 Roof Replacement	Norfolk	J000105642		\$65,000	1
3	Infrastructure	Dorm 6-3 Roof Replacement	Norfolk	J000105643		\$65,000	1
3	Infrastructure	Dorm 7-1 Roof Replacement	Norfolk	J000105647		\$65,000	1
3	Infrastructure	Dorm 7-2 Roof Replacement	Norfolk	J000105644		\$65,000	1
3	Infrastructure	Dorm 7-3 Roof Replacement	Norfolk	J000105645		\$65,000	1
4	Infrastructure	Housing HVAC Upgrades	MCI-Norfolk	J000111145		\$500,000	
4	Infrastructure	Tunnel / Structural Improvement	MCI-Norfolk	J000111146		\$500,000	
4	Infrastructure	Repair Sewerline by Visit	Norfolk	J000109404		\$50,000	1
4	Infrastructure	Repair/Replace Surface Drain and Line	Norfolk	J000109405	Facility Entrance	\$85,000	1
4	Infrastructure	SYHY/MLK Building Roof Replacement	Norfolk	J000105671		\$487,695	1.5
4	Infrastructure	Hospital Building Roof Replacement	Norfolk	J000105672		\$856,826	1.5
4	Infrastructure	Ad. Building Roof Replacement	Norfolk	J000105673		\$184,965	1
4	Infrastructure	Gate House Roof Replacement	Norfolk	J000105676		\$64,125	1
4	Infrastructure	Industries Roof Replacement	Norfolk	J000105677		\$2,224,360	2
5	Infrastructure	Replace heating system in towers	Norfolk	J000111158		\$25,000	
5	Infrastructure	CMU Sewer Shed Roof Replacement	Norfolk	J000105665		\$1,500	1
5	Infrastructure	SMU Segregation Roof Replacement	Norfolk	J000105666		\$587,538	2
5	Infrastructure	DRM Central Office Roof Replacement	Norfolk	J000105667		\$4,500	1
5	Infrastructure	Small Garage/Building Roof Repair	Norfolk	J000105674		\$3,500	1
						\$42,082,458	

MCI Norfolk Housing Capacity:

MCI NORFOLK - NORFOLK
(Custody Level: Medium)
(Date Built: 1931)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)						C
Block 1-1	Room	x				62	Varies		49	62	33	6	33	48	1,441	41	41			
Block 1-2	Room	x				55	Varies		48	62	30	4	30	32	1,434	41	32			
Block 1-3	Room	x				62	Varies		49	62	33	6	33	48	1,417	40	40			
Block 2-1	Room	x				64	Varies		46	64	45	5	5	40	1,441	41	40			
Block 2-2	Room	x				64	Varies		48	64	48	7	47	56	1,434	41	41			
Block 2-3	Room	x				64	Varies		49	64	46	6	45	48	1,417	40	40			
Block 3-1	Room	x				68	Varies		51	68	49	8	48	64	1,441	41	41			
Block 3-2	Room	x				68	Varies		46	68	46	6	45	48	1,434	41	41			
Block 3-3	Room	x				68	Varies		51	68	49	8	48	64	1,417	40	40			
Block 4-1	Room	x				68	Varies		49	68	39	8	40	64	1,441	41	41			
Block 4-2	Room	x				68	Varies		48	68	28	5	31	40	1,434	41	40			
Block 4-3	Room	x				61	Varies		48	61	30	7	35	56	1,417	40	40			
Block 6-1	Room	x				58	Varies		43	58	46	6	45	48	1,441	41	41			
Block 6-2	Room	x				58	Varies		44	58	47	5	47	40	1,434	41	40			
Block 6-3	Room	x				59	Varies		31	59	8	5	11	40	1,417	40	40			
Block 7-1	Room	x				60	Varies		52	60	27	8	26	64	1,441	41	41			
Block 7-2	Room	x				60	Varies		52	60	26	6	27	48	1,434	41	41			
Block 7-3	Room	x				60	Varies		49	60	40	9	43	72	1,417	40	40			
Block 8-1	Cell	x				93	71	2	48	96	48	3	48	24	3,704	106	24			
Block 8-2	Cell	x				93	71	2	48	96	48	3	48	24	3,704	106	24	Add: 9 Showers **		
Prob 1 & 2 (MW)	Dorm	x				104												Add: 9 Showers **		
SYHU - Dorm Room #1	Dorm	x					3000	50	1											
SYHU - Dorm Room #2	Dorm	x					1450	24	1											
SYHU - Houseman #1	Dorm	x				55	500	8	1		3	3	5	18	2,020	57	18	Add: 6 Sinks, 4 Showers **, 2 Toilets		
SYHU - Houseman #2	Dorm	x					500	8	1											
Health Services (2nd Floor)	Cell	x				--										--	(not in count)	--		
Health Services (Basement)	Cell	x				--										--	(not in count)	--		
SMU (1st Floor)	Cell		x			--										--	31 beds (not in count)	--		
SMU (2nd Floor)	Cell			x		--										--	29 beds - unit offline (not in count)	--		
SMU (3rd Floor)	Cell			x		--										--	39 beds (not in count)	--		
						1472	955								894			1,074	1511	1084

** = or Shower Controls

(MW) = Modular/Wood Building

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



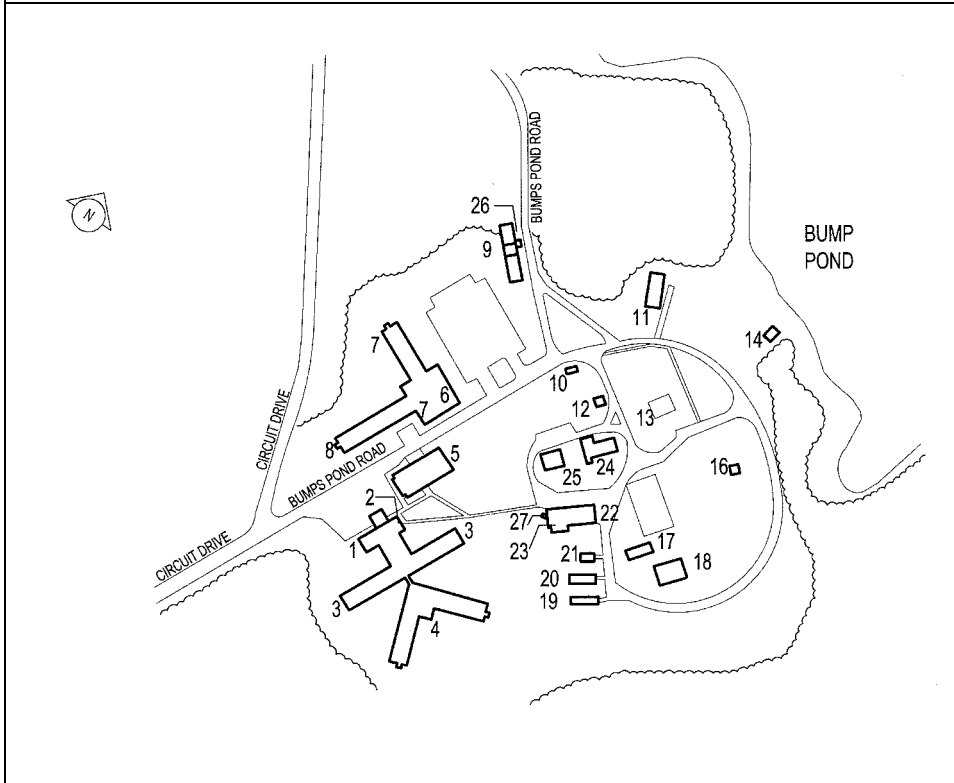
MCI Plymouth

Address: Myles Standish
State Forest
Plymouth, MA

Year Opened: 1952

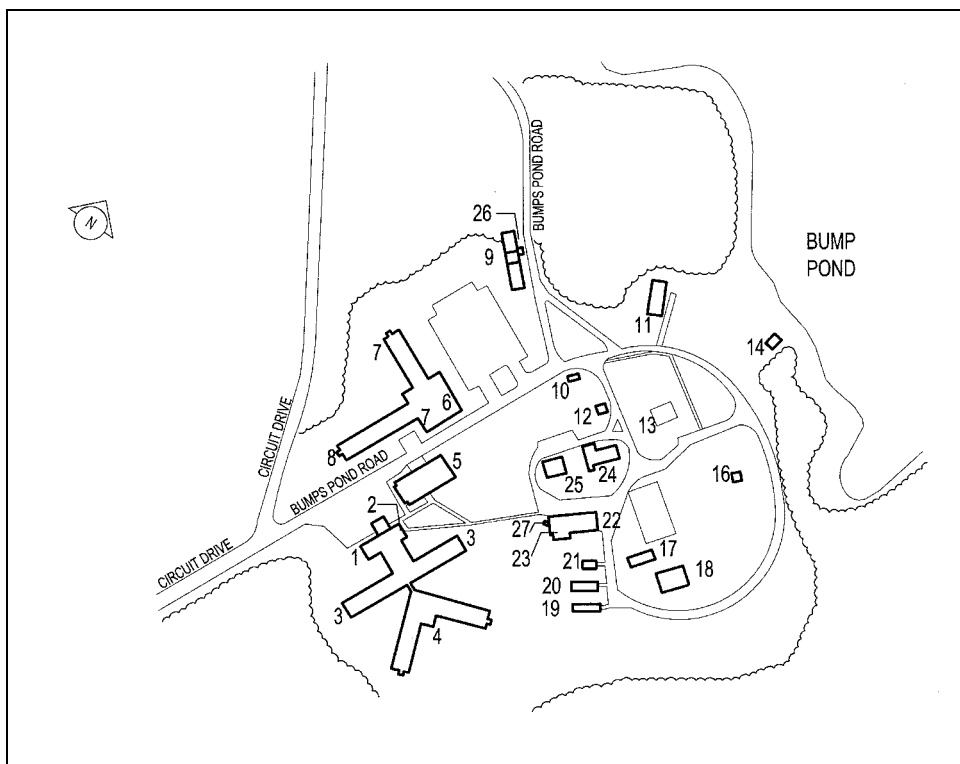
Security Levels: Minimum

Sq. Footage: 56,504 gsf



Buildings

2. Control Center/HSU	320 gsf / CAMIS ID 720DOC0040
1. Security Division	11,409 gsf / CAMIS ID 720DOC0191
3. A-Dorm Housing Units	
4. B-Dorm Hosuing Units	8,425 gsf / CAMIS ID 720DOC0022
5. Kitchen/Dining Facility	5,000 gsf / CAMIS ID 720DOC9104
6. Superintendent's Office	
7. C-Dorm/Class/Program Office	14,064 gsf / CAMIS ID 720DOC9103
8. C-Dorm Housing Units	
9. Maintenance	1,880 gsf / CAMIS ID 720DOC0021
10. Worship Center	--
11. Pondsides Meeting House	2,400 GSF / CAMIS ID 720DOC0161
12. Generator Building	324 gsf / CAMIS ID 720DOC0193
13. Fire Reservoir	1,824 gsf / CAMIS ID 720DOC0171
14. Fire Pump House	448 gsf / CAMIS ID 720DOC0130
15. Flammable/Gas Storage (Location TBD)	--
16. Maintenance/Tool Storage	169 gsf / CAMIS ID 720DOC0122
17. Program Center	768 gsf / CAMIS ID 720DOC0140
18. Morton Building	1,200 gsf / CAMIS ID 720DOC9102
19. Weight Room	1,692 gsf / CAMIS ID 720DOC0195
20. Property Storage	768 gsf / CAMIS ID 720DOC0112
21. Records Storage	391 gsf / CAMIS ID 720DOC0181



22. Garage	2,474 gsf / CAMIS ID 720DOC0030
23. Caustic/Toxic Mlts.	
24. Library/Barber Shop/Toxic Caustic Room/School	1,788 gsf / CAMIS ID 720DOC0020
25. Bunkhouse/Program Room	1,080 gsf / CAMIS ID 720DOC0060
26. Water Treatment Building	80 gsf / CAMIS ID 720DOC9508
27. Flammable Drum Storage	--

MCI Plymouth

Description:

- MCI Plymouth was opened in 1952 on a 407 acre site within the Myles Standish State Forest. In 1984, it was converted to a minimum custody facility for male inmates within 4 years of their earliest potential release date. Its inmate work crews provide labor for forestry services. The facility is a campus of relatively small buildings linked by outdoor walks and has the appearance of a summer camp. Many of the smaller structures are single story with wood frames. The two larger buildings are CMU with asphalt shingle pitched roofs.
- The housing units have a total of 153 double occupancy rooms. There are no cells at the facility which can be problematic.
- Much of the equipment in the food service and medical area is old and needs to be replaced / upgraded.
- There is a shortage of program and administrative space.
- There is no laundry facility at the site.
- There are no dayrooms for most of the housing units.

Major Issues:

- Many of the buildings require roof repair or replacement.
- There is no indoor recreation area or gymnasium which is a major issue during inclement weather.
- The campus and buildings require accessibility improvements/modifications.
- The campus needs security cameras and fire alarm upgrades.
- Hayes Report improvements are needed.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
3	Infrastructure	C-Dorm Roof Replacement	Plymouth	J000105629		\$120,016	1
4	Infrastructure	Lower Campus Boilers (7)	MCI-Plymouth	J000109433		\$75,000	1
4	Infrastructure	Morton Building Freezer Repair	MCI-Plymouth	J000109434		\$10,000	1
4	Infrastructure	Kitchen Walk-in Cooler Floor	MCI-Plymouth	J000109435		\$125,000	1
4	Infrastructure	Program Building Roof Replacement	Plymouth	J000105655		\$6,553	1
4	Infrastructure	Records Storage Building Roof Replacement	Plymouth	J000105656		\$3,336	1
4	Infrastructure	Weight Room Roof Replacement	Plymouth	J000105657		\$14,438	1
4	Infrastructure	Water Treatment Roof Repair	Plymouth	J000105663		\$1,000	1
5	Infrastructure	Recreation Building	Plymouth	J000109430		\$1,575,000	2
5	Infrastructure	Tool Shed Roof Replacement	Plymouth	J000105654		\$1,200	1
						\$1,931,543	

Housing Capacity:

MCI PLYMOUTH - PLYMOUTH
(Custody Level: Minimum)
(Date Built: 1952)

REVISÉ ON: 10/8/2010

[illegible]

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



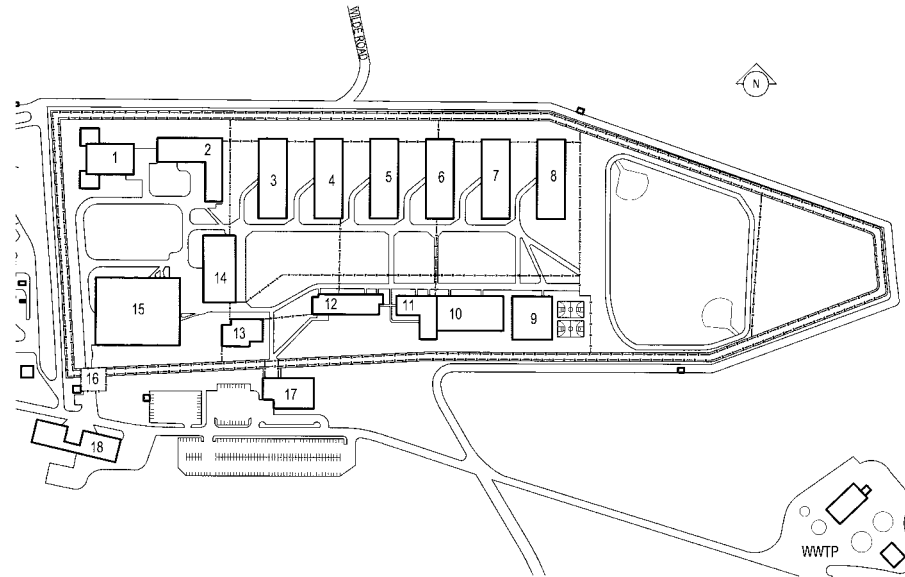
MCI Shirley – Medium Security

Address: P.O. Box 1218
Shirley, MA 01464

Year Opened: 1991

Security Levels: Medium

Sq. Footage: 303,664 gsf



Buildings

1. SMU	11,600 gsf / CAMIS ID 412DOCPB21
2. HSU, Booking	19,410 gsf / CAMIS ID 412DOCPB15
3. Housing A1 & A2	23,200 gsf / CAMIS ID 412DOCPB01
4. Housing B1 & B2	23,200 gsf / CAMIS ID 412DOCPB03
5. Housing C1 & C2	23,200 gsf / CAMIS ID 412DOCPB04
6. Housing D1 & D2	23,200 gsf / CAMIS ID 412DOCPB06
7. Housing E1 & E2	23,200 gsf / CAMIS ID 412DOCPB07
8. Housing F1 & F2	23,200 gsf / CAMIS ID 412DOCPB08
9. Gymnasium	15,000 gsf / CAMIS ID 412DOCPB14
10. VOC Education	20,800 gsf / CAMIS ID 412DOCPB27
11. Classroom/Library	10,194 gsf / CAMIS ID 412DOCPB20
12. Programs	11,616 gsf / CAMIS ID 412DOCPB17
13. Visitors/Admin Bldg	8,480 gsf / CAMIS ID 412DOCPB26
14. Food Service	18,082 gsf / CAMIS ID 412DOCPB09
15. Industries	46,700 gsf / CAMIS ID 412DOCPB16
16. Vehicle Trap	--
17. Admin. Bldg	12,894 gsf / CAMIS ID 412DOCPB02
18. Warehouse	7,770 gsf / CAMIS ID 412DOCPB29

MCI Shirley – Medium Security

Description:

- MCI Shirley (Medium) was completed in 1991 as a medium security facility on land adjacent to the MCI Shirley (Minimum) facility. The facility was designed as a large open linear campus without enclosed circulation between buildings. Any inmate movement to the central dining or program facilities is subject to weather conditions and is staff intensive due to the layout and distances. Additional security fencing has been added to subdivide the large open central yard but this increases the difficulty of movements.
- Seven Type I buildings contain 13 housing units with a total of 780 precast concrete cells of 84 square feet per cell. A Special Needs or Assisted Daily Living Unit with 13 beds was added in 2005 by converting the original booking area.
- The Food Service/Dining is in a Type II wood/metal modular building. The kitchen and dining area floors are in poor to failing condition.
- The Outside Administration Building, Visitor/Inside Administration Building, and the Programs Building are Type II wood/metal modular structures with issues.
- The gymnasium is a Type III pre-engineered metal building that has major roof and side wall deficiencies.
- There is space within the secure perimeter for limited additions or expansion. There is developable area immediately adjacent to the secure perimeter.

Major Issues:

- The housing unit showers need renovations. The housing unit windows/skylights and emergency cell door releases require repairs or replacement. The housing roof-top HV units require complete overhaul or replacement.
- Many buildings require new roofs.
- The security system requires upgrades. Expand the CCTV system. The fire alarm system needs to be replaced.
- The electrical distribution system requires upgrades.
- ADA and Hayes Report improvements are required.
- Kitchen, Laundry, and Medical equipment upgrades required.
- The marginal condition of many support buildings should be assessed prior to major renovations, replacement, or additions to any buildings or major systems at the facility.
- SMU recreation yard upgrades are necessary.

Previously Requested Capital Projects:

- Special Needs Unit (Geriatric)
- Health Services Unit / Booking Replacement
- Replacement of Classrooms, Library, Programs , Food Service Units

MCI Shirley – Medium Security

CAMIS Requested Projects: (continued next page)

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	FOOD SERVICES - MEDIUM SECURITY	J000107283	REPLACE INMATE DINING HALL FLOOR	REPLACE INMATE DINING HALL FLOOR	250,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	FOOD SERVICES - MEDIUM SECURITY	J000107285	REPLACE STAFF DINING HALL AND KITCHEN FLOORS	REPLACE STAFF DINING AND KITCHEN FLOORS	150,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	OFFICES ADMINISTRATION BLDG #12-MIN	J000107286	REPAIR WATER DAMAGED BRICK WALL	REPAIR WATER DAMAGED BRICK WALL	30,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	GYM - MEDIUM SECURITY	J000107287	SEAL COAT GYM ROOF	SEAL COAT GYM ROOF	30,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	PROGRAMS BUILDING	J000107288	SEAL COAT PROGRAMS BUILDING ROOF	SEAL COAL PROGRAMS BUILDING ROOF	30,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	INDUSTRIES BUILDING - MED SECURITY	J000107290	SEAL COAT MAINT./INDUSTRIES BLDG. ROOF	SEAL COAT MAINT./INDUSTRIES BLDG.	0	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	OUTSIDE GROUNDS	J000107291	UPGRADE FUEL STORAGE TANK AT WWTP	UPGRADE FUEL STORAGE AT WWTP	20,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY		J000107292	REPLACE #10 COTTAGE ROOF	REPLACE ROOF #10 COTTAGE	45,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	POWER BUILDING #17-MIN	J000107300	REPLACE STEAM PLANT ROOF	REPLACE STEAM PLANT ROOF	75,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY		J000107301	HEATING SYSTEM CONTROLS FOR TRAINING ACADEMY	HEATING SYSTEM CONTROLS FOR TRAINING ACADEMY	50,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY		J000107308	INSTALL FOUNDATION PERIMETER DRAINS AT RIBEIRO	INSTALL FOUNDATION PERIMETER DRAINS AT RIBEIRO	30,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	MODULARS BUILDING 13-MED	J000107338	SEAL COAT ROOF OF MODS BLDG.	SEAL COAT ROOF OF MODS BLDG.	30,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	HEALTH SERVICES UNIT - MED SECURITY	J000107340	INSTALL DUCTED RETURNS FOR EIGHT ROOFTOP UNITS	INSTALL DUCTED RETURNS FOR EIGHT ROOFTOP UNITS	40,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	VISITORS/ADMINISTRATION CENTER-MIN	J000107341	INSTALL DUCTED RETURNS ON THREE ROOFTOP UNITS	INSTALL DUCTED RETURNS ON THREE ROOFTOP UNITS	15,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	PROGRAMS BUILDING	J000107342	INSTALL DUCTED RETURNS ON FOUR ROOFTOP UNITS	INSTALL DUCTED RETURNS ON FOUR ROOFTOP UNITS	20,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	A BUILDING - MED SEC	J000107351	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	10,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	B BUILDING - MEDIUM SECURITY	J000107352	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	10,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	C BUILDING - MEDIUM SECURITY	J000107353	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	10,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY		J000107354	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	EXTEND FOUR HEATING UNIT DISCHARGE DUCTS	10,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	POWER BUILDING #17-MIN	J000107510	MCI SHIRLEY FUEL TANK REMOVAL AND REPLACEMENT	MCI SHIRLEY FUEL TANK REMOVAL AND REPLACEMENT	250,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	ADMINISTRATION MEDIUM SECURITY	J000107524	MCI SHIRLEY-FIRE ALARM SYSTEM REPAIR	MCI SHIRLEY-FIRE ALARM SYSTEM REPAIR	225,000	Requested
DOC24	MCI - SHIRLEY MEDIUM - SHIRLEY	CAFETERIA-KITCHEN-WAREHOUSE-MIN	J000107600	REPLACE GASOLINE PUMP/DISPENSER		0	Requested
TOTAL ESTIMATED COSTS						\$1,330,000	

MCI Shirley – Medium Security

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010						
PRI	TYPE	PROJECT	FACILITY	N0	COMMENTS	COST (in years)
	Security	Security System Upgrade	MCI-Shirley	J000109444	PLC's and Perimeter Work ongoing.	\$0
1	Expansion	Replacement Food Service Building	MCI-Shirley	J000109446		\$12,000,000 4
1	Clean State	Water Tank Cleaning	Shirley	J000109449		\$750,000 1.5
3	Clean State	New Emergency Generator Fuel Tank	MCI-Shirley	J000109447		\$750,000 2
1	DPH Required	Housing Unit Shower Renovation	Shirley	J000109450	Some work done in-house.	\$750,000 2
1	Infrastructure	Hot Water Metal Chimney Replacement	Shirley	J000110006		\$100,500 1
1	Infrastructure	Additional Rec. Rooms at SMU	Shirley	J000109451		\$125,000 1
1	Infrastructure	Replace Air Handlers, Exhaust fans & Heat exchangers	Shirley Medium	J000109452	Replaces Siebe control item	\$1,500,000 2
2	Infrastructure	Rec. Roof Gym	MCI-Shirley Med	J000109609		\$450,000 1.5
3	Infrastructure	Repave Roadway to Wells	Shirley	J00011007		\$75,000 1
3	Infrastructure	Re-Roof	Shirley Medium	J000109441	Type I	\$2,784,000 2
3	Infrastructure	Re - Roof	Shirley Medium	J000109442	Type II and Type III	\$2,300,000 2
4	Infrastructure	Light Level - Dark Skies Initiative	SBCC/Shirley	J000109500		\$250,000 2
4	Infrastructure	Vehicle gate repairs	Shirley	J000109453		\$25,000 1
4	Infrastructure	Block Release Repairs	Shirley	J000109455		\$175,000 1
4	Infrastructure	New fuel monitoring system	Shirley	J000109456	(see Tank Replacement)	\$15,000 1
4	Infrastructure	Communication link repair at water plant	Shirley	J000109457	Some work completed.	\$25,000 1
5	Infrastructure	Replace Light Fixtures in Janitor's Closet	Shirley	J000109436		\$25,000 1
5	Infrastructure	Steam Controls at Academy	Shirley	J000109437		\$425,000 2
5	Infrastructure	Electrical Distribution Upgrade	Shirley Complex	J000109438		\$850,000 2
5	Infrastructure	Security door and window repairs	Shirley Medium	J000109439		\$1,700,000 2
5	Infrastructure	Communication/Fire alarm upgrades	Shirley Medium	J000109440		\$2,500,000 2
5	Infrastructure	Steamline Repairs	Shirley Minimum	J000109443		\$150,000 1
						\$27,724,500

MCI Shirley – Medium Security

Housing Capacity:

MCI SHIRLEY MEDIUM - SHIRLEY
(Custody Level: Medium)
(Date Built: 1991)

REVISED ON: 10/8/2010

		MEN	WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)											
UNIT	TYPE	GENERAL POPULATION	SPECIAL MANAGEMENT CELL <i>(Temp. Housing)</i>	GENERAL POPULATION	SPECIAL MANAGEMENT CELL <i>(Temp. Housing)</i>	A	<i>(Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)</i>			B			SINKS <i>(1.6 Inmates, 1.3) (1.8 Inmates, R-2)</i>	SHOWERS <i>(1.8 Inmates)</i>	TOILETS <i>(1.8 Male Inmates, 1.6 Female Inmates)</i>	C	DAYROOM SF <i>(35SF per Inmate)</i>	D	E				
						CURRENT NUMBER OF BEDS	SQUARE FEET	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS					MAX No. of INMATES			MAX No. of INMATES	CMP BASELINE CAPACITY <i>(per ACA & Mass Plumbing Code)</i>	COMMENTS			
A1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
A2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
B1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
B2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
C1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
C2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
D1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
D2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
E1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
E2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
F1	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
F2	Cells	x				119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
SMU (Segregation)	Cells		x			119	84	2	60	120	60	10	60	80	4,800	137	80			Add: 5 Showers **	120		
Health Services	Cells/Dorms	x				(68)														Includes cells and dorms (not in count)			
						1547	780										1040				1560	1198	720

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



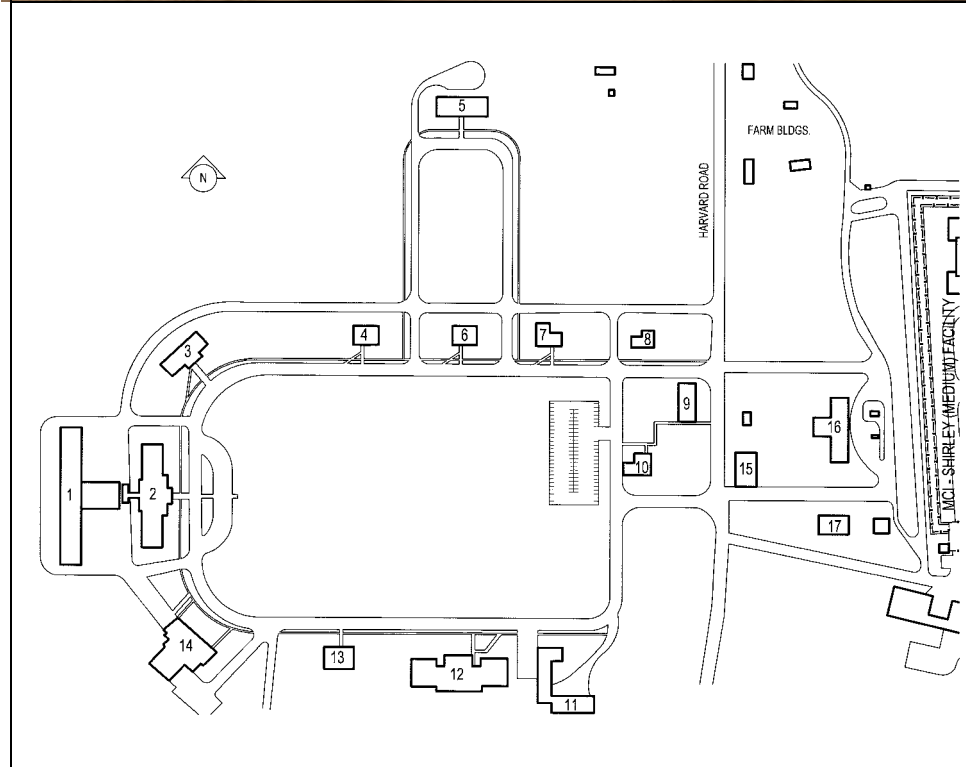
MCI Shirley – Minimum Security

Address: P.O. Box 1218
Shirley, MA 01464

Year Opened: 1972

Security Levels: Minimum

Sq. Footage:



Buildings

1. DOC Administration Bldg	38,538 gsf / CAMIS ID 412DOC9201
2. DOC Training Bldg	
3. Cottage #10	17,720 gsf / CAMIS ID 412DOCPB40
4. Cottage #8	10,620 gsf / CAMIS ID 412DOCPB42
5. Cottage #6 (Vacant)	8,818 gsf / CAMIS ID 412DOCPB46
6. Cottage #7 (Vacant)	10,620 gsf / CAMIS ID 412DOCPB41
7. Cottage #5 (Vacant)	7,637 gsf / CAMIS ID 412DOCPB45
8. Abandoned Bldg	
9. Ribeiro Center (Training)	
10. Abandoned Bldg	
11. Freezer Facility	7,716 gsf / CAMIS ID 412DOCPB37
12. Cottage #13 (Vacant/Modular)	6,216 gsf / CAMIS ID 412DOC9205
13. Cottage #9	11,224 gsf / CAMIS ID 412DOCPB76
14. Cottage #11	
15. State Transportation Office	
16. Power Plant	16,370 gsf / CAMIS ID 412DOC9206
17. Residence	

MCI Shirley – Minimum Security

Description:

- MCI Shirley (Minimum) was opened in 1972 as a minimum security institution in buildings that were part of a Youth Services facility since 1908. The site and some buildings were originally a former Shaker farming community. The minimum security inmates maintain the grounds and common facilities in the Shirley Complex, in addition to performing community service projects. Since 2002, MCI Shirley (Minimum) is administered by MCI Shirley (Medium).
- The housing units are located in a variety of smaller buildings with significantly different ages and condition. Some of the buildings are undergoing renovations by DOC staff and inmates.
- The Food Service and Dining area are no longer used as all meals are delivered to the housing units after preparation at the MCI Shirley (Medium) Kitchen.
- There is significant open land available for expansion.

Major Issues:

- Cottage #13 is a Type II modular structure built in 1987. The building originally contained program space and housing but was vacant for a number of years. Its condition is marginal.
- Several of the Shaker buildings have significant structural issues. Some have been vacant for years. Many of these buildings are protected as historic structures and require stabilization including window replacement and exterior wall insulation.
- ADA improvements are required.
- Most buildings require roof repairs/replacement and exterior painting.
- Security improvements include installation of a demarcation fence on the northern perimeter, window security screens and security camera upgrades.

Previously Requested Capital Projects:

- Modular Replacement

CAMIS Requested Projects: See Shirley Medium

MCI Shirley – Minimum Security

Housing Capacity:

MCI SHIRLEY MINIMUM - SHIRLEY
(Custody Level: Minimum)
(Date Built: 1991)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A	SQUARE FEET (Single - 355F min unencumbered Double - 505F unencum. or 705F Total Dorm - 255F unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B	SINKS (1.6 Inmates, 1-3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C	DAYROOM SF (355F per Inmate)	D	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		
Cottage 6 (U6)	Room/Dorm	x				50	Varies	Varies	13	50	17	5	12	40	NA	NA	40		
Cottage 7 (U7)	Dorm	x				50	Varies	Varies	15	50	13	8	7	56	NA	NA	50		
Cottage 8 (U8)	Dorm	x				50	Varies	Varies	14	50	11	9	7	56	NA	NA	50		
Cottage 9 (U9)	Room/Dorm	x				50	Varies	Varies	15	50	11	9	12	72	NA	NA	50		
Cottage 10 (U10)	Room/Dorm	x				50	Varies	Varies	31	50	7	3	7	24	NA	NA	24		
Building 11 (U11)	Room	x				28	Varies	Varies	17	28	9	9	9	72	NA	NA	28		
Modular (MW)	Room	x				64 *	Varies	Varies	20	128	16	16	16	64	NA	NA	64	One Side Occupied	
						342			125								306		
																	370		
																		276	249

(MW) = Modular/Wood Building

* Limited by Code/See Improvements

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



North Central Correctional Institution – Minimum & Medium Security

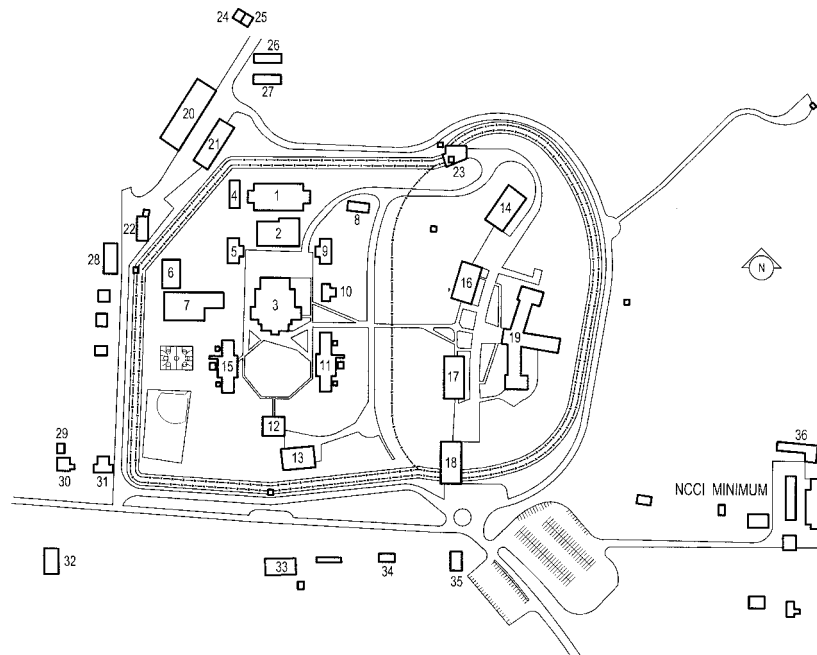
Address: 500 Colony Road
P.O. Box 466
Gardner, MA 01440

Year Opened: 1975

Security Levels: Medium & Minimum

Sq. Footage: 1,163,903 gsf

Buildings



1. Laundry	11,250 gsf / CAMIS ID 308DOC6667
4. Shop	
2. Dorm	8,520 gsf / CAMIS ID 308DOC7774
3. Domestic Bldg.	27,200 gsf / CAMIS ID 308DOC6666
5. Dorm	6,120 gsf / CAMIS ID 308DOC7772
6. Voc. Ed.	4,800 gsf / CAMIS ID 308DOCPB18
7. Recreation Bldg.	29,200 gsf / CAMIS ID 308DOC6669
8. Green House	1,500 gsf / CAMIS ID 308DOCPB09
9. Dorm	6,120 gsf / CAMIS ID 308DOC7771
10. Music	1,040 gsf / CAMIS ID 308DOC7773
11. Bldg. B	26,000 gsf / CAMIS ID 308DOC6665
12. Laurel Bldg.	9,639 gsf / CAMIS ID 308DOC6663
13. Gym	6,200 gsf / CAMIS ID 308DOC7775
14. Bldg. F	19,260 gsf / CAMIS ID 308DOC1270
15. Bldg. A	25,309 gsf / CAMIS ID 308DOC6664
16. Bldg. E	19,260 gsf / CAMIS ID 308DOC1260
17. Bldg. D	19,260 gsf / CAMIS ID 308DOC1280
18. Bldg. C	19,260 gsf / CAMIS ID 308DOC1290
19. Thompson Hall	74,996 gsf / CAMIS ID 308DOC1310
20. Store/Pwr House	25,344 gsf / CAMIS ID 308DOC0161 (Storehouse) 9,310 gsf / CAMIS ID 308DOC5559 (Power House)

North Central Correctional Institution

21. Carpentry Shop	4,000 gsf / CAMIS ID 308DOC1530
22. Ground Garage	2,555 gsf / CAMIS ID 308DOC5551
23. Vehicle Trap	600 gsf / CAMIS ID 308DOC1450
24. Generator Bldg.	360 gsf / CAMIS ID 308DOC8881
25. Switch Gear Bldg.	660 gsf / CAMIS ID 308DOC7776
26. Storage Shed	3,600 gsf / CAMIS ID 308DOC1500
27. Storage Shed	3,600 gsf / CAMIS ID 308DOC1510
28. Garage	4,048 gsf / CAMIS ID 308DOC6661
29. Garage (Cedar)	600 gsf / CAMIS ID 308DOC1430
30. Cedar House	5,026 gsf / CAMIS ID 308DOC1320
31. Pine House	5,724 gsf / CAMIS ID 308DOC1340
32. Catalpa House	5,026 gsf / CAMIS ID 308DOC1330
33. Training Ctr.	9,639 gsf / CAMIS ID 308DOC1410
34. Locust House	7,698 gsf / CAMIS ID 308DOC1360
35. Juniper	3,800 gsf / CAMIS ID 308DOC1350
36. Kennel	3,250 gsf / CAMIS ID 308DOC1200

Description:

- The North Central Correctional Institution was originally a Department of Mental Health facility that opened in 1902 as the Gardner State Hospital. In 1979, the facility was transferred to DOC and underwent extensive renovations to convert it to a correctional use. The facility houses primarily medium custody male inmates with a high percentage of sentenced sex offenders and related programs.
- There are 33 buildings on a large campus. In general, most campus buildings are in good condition.
- Most housing buildings date from the 1920's and 30's and have brick facades with pitched roofs. I Building is a Type II wood modular structure (1980) with 104 dormitory beds. The floors and toilet/shower areas are undergoing extensive repairs and accessible ramps are being added.
- The minimum security facility is located outside of the secure perimeter and is called Locust House. It is a 2-story wood structure in fair condition and provides housing for 30 male inmates.
- Almost all inmate housing is dry rooms or dorms. The lack of wet cells presents some security concerns.
- The medium and minimum facilities share utilities. An older central power/steam plant is located outside the secure perimeter.
- The 1300 acre site has an upper and lower campus situated on two relatively flat plateaus with hilly terrain between. Distances and grade transitions on the campus are an operational and access issue. The campus is bordered on several sides by wetlands. There are sites available for expansion within the secure perimeter and outside the perimeter.
- The central dining is undersized and requires 5 food service periods for the number of inmates.
- The facility perimeter has 3 manned guard towers.
- The facility has two control rooms and would like to consolidate them in a central control room by renovating the old roll call room in Building C. One of the existing control rooms would then be renovated to provide additional medical service space.

North Central Correctional Institution – Minimum & Medium Security

Major Issues:

- The medical space is inadequate and undersized for the number of inmates served. Exam rooms are cramped and the mental health interview room is located in a shower closet. The waiting area accommodates only 2 inmates.
- Interior and perimeter security systems are in need of updating. There are an inadequate number of security cameras inside the buildings. There are no cameras in the library.
- Water, sewer, and electrical service runs under adjacent wetlands. The electrical service to the campus is undersized.
- Inmates are brought through the main entrance lobby for Intake. The facility would like to develop a separate access point for inmates.
- Needed repairs include: roof repairs, upper campus utility tunnel structural repairs/replacement, heating system/steam line repairs, elevator code upgrades, security upgrades, plumbing upgrades, and replacement windows.
- The Type II wood modular building is reaching the end of its useful life. Several buildings outside of the perimeter are either vacated or condemned.
- Hayes Report and accessibility upgrades are needed.

Previously Requested Capital Projects:

- Central Control Room Renovation and Medical Services Expansion
- Modular Replacement

CAMIS Requested Projects: (Continued on next page)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	Senstar System Repairs/Upgrades	NCCI	J000109364	Zone 10 Repaired and head-end	\$775,000	2
2	Security	CCTV Upgrades	NCCI	J000109365	Cameras installed in BSMU, TSMU, HSU	\$225,000	1.5
1	Clean State	Wind Turbine	NCCI	J000109367	Contract pending award	\$9,000,000	4
1	Clean State	Chapter 25A Project (Energy Savings)	NCCI	J000109371	Study phase awaiting completion	\$15,000,000	4
2	Clean State	Water System(s) upgrades	NCCI	J000109368		\$1,500,000	4
2	Clean State	Asbestos Abatement	NCCI	J000109369	Some work in tunnels completed.	\$100,000	2
3	Clean State	Unitel Gas Service	NCCI	J000109370	Survey completed will be part of energy project	\$1,200,000	4
1	DPH Required	Hot Water Storage System Domestic Bldg	NCCI	J000109372		\$150,000	1.5
5	DPH Required	Upgrade G&H Hot Water	NCCI	J000109373		\$35,000	1
5	DPH Required	Upgrade A&B Heating System	NCCI	J000109374		\$50,000	1
5	DPH Required	Upgrade Thompson Hall Heating	NCCI	J000109375		\$50,000	1
1	Infrastructure	Fire Alarm Repairs	NCCI	J000109376	Three (3) panels upgraded.	\$50,000	1
1	Infrastructure	Switch Gear Maintenance	NCCI	J000109377	Completed - 3 year intervals.	\$125,000	3
1	Infrastructure	Steamline from Power plant to Laundry	NCCI	J000109378	Temporary repairs made.	\$100,000	1
1	Infrastructure	Elevator Repairs	NCCI	J000109379	C-Building repaired.	\$175,000	1.5
1	Infrastructure	Power Plant Upgrade	NCCI	J000109380	Some work completed. Part of Energy project	\$3,750,000	4
1	Infrastructure	Replace Floor in I-Building Structure	NCCI	J000109381		\$750,000	2
1	Infrastructure	Tunnel / Structural Improvement	NCCI	J000109382	Tunnel Walls / Covers ; Facility	\$4,250,000	4
1	Infrastructure	I-Building floor/bathroom replacement	NCCI	J000111148	Funds requested from DCAM	\$300,000	

North Central Correctional Institution – Minimum & Medium Security
CAMIS Requested Projects: (continued)

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010							
PRI	TYPE	PROJECT	FACILITY	N0	COMMENTS	COST	(in years)
1	Infrastructure	Laurel Bldg. 8 Roof Replacement	NCCI	J000105586	Structural issues	\$650,000	1
2	Infrastructure	Replace High Voltage Lines Feeding the Institution	NCCI	J000109385	Some repairs made. Included in energy project	\$3,000,000	4
2	Infrastructure	Replace Fuel Burners on Existing Boilers	NCCI	J000109386	Look to roll into Chp 25A project.	\$400,000	1.5
2	Infrastructure	C-Building and Vehicle Trap Structural Repairs	NCCI	J000109387		\$25,000	1
3	Infrastructure	Security fence repairs	NCCI	J000109388		\$62,000	1
3	Infrastructure	Security lock/Security Screens Repairs	NCCI	J000109390		\$85,000	1
3	Infrastructure	Search Light upgrades	NCCI	J000109391	Will be addressed in-house.	\$25,000	1
3	Infrastructure	C-Building Electrical System Upgrade	NCCI	J000109392	Assessment completed.	\$200,000	1
3	Infrastructure	Store House Roof Replacement	NCCI	J000105559	Temporary repairs made.	\$811,033	2
3	Infrastructure	Grounds Bldg. #2 Roof Replacement	NCCI	J000105584	Structural Issues	\$125,000	1.5
3	Infrastructure	Man Lift (60 foot)	NCCI	J000109359		\$125,000	1
3	Infrastructure	Upgrade Plumbing Fixtures	NCCI	J000109360	F-Building completed.	\$60,000	1
3	Infrastructure	I-Building #16 Roof Replacement	NCCI	J000105596		\$170,400	1
4	Infrastructure	Kitchen Equipment Upgrades	NCCI	J000109394		\$500,000	1
4	Infrastructure	Hot Water Bundles	NCCI	J000109395	Some repairs made.	\$20,000	1
4	Infrastructure	F-Building Shower Floors	NCCI	J000109396	In progress.	\$15,000	1
4	Infrastructure	Gym floor resurface	NCCI	J000111149		\$80,000	1
4	Infrastructure	Replace Steamline Power Plant/Carp. Shop	NCCI	J000109397		\$100,000	1
4	Infrastructure	A-Building #9 Roof Replacement	NCCI	J000105587	Temporary repairs made.	\$162,000	1
4	Infrastructure	B-Building #6 Roof Replacement	NCCI	J000105588	Temporary repairs made.	\$166,500	1
4	Infrastructure	Domestic #19 Roof Replacement	NCCI	J000105590	Temporary repairs made.	\$174,085	1
4	Infrastructure	Laundry & Industrial Shop Roof Replacement	NCCI	J000105591		\$360,000	1.5
4	Infrastructure	Industrial Bldg. #13 Roof Replacement	NCCI	J000105592		\$225,000	1.5
4	Infrastructure	H-Building #2 Roof Replacement	NCCI	J000105594	Asbestos shingles.	\$40,000	1
5	Infrastructure	Replace Central A/C in Thompson Hall Control Rooms	NCCI	J000109354		\$50,000	1
5	Infrastructure	Repave Perimeter Roadways and Parking Areas	NCCI	J000109355		\$225,000	1
5	Infrastructure	Kennel Roof Replacement	NCCI	J000105560	Temporary repairs made.	\$27,734	1
5	Infrastructure	Building #3 Roof Replacement	NCCI	J000105562	Temporary repairs made.	\$125,000	1
5	Infrastructure	Building #4 Roof Replacement	NCCI	J000105563	Temporary repairs made.	\$125,000	1
5	Infrastructure	Building D #2 Roof Replacement	NCCI	J000105565	Temporary repairs made.	\$125,000	1
5	Infrastructure	Building C #1 Roof Replacement	NCCI	J000105566	Temporary repairs made.	\$125,000	1
5	Infrastructure	Thompson Building #5 Roof Replacement	NCCI	J000105567	Temporary repairs made.	\$479,989	2
5	Infrastructure	Cedar House #25 Roof Replacement	NCCI	J000105568		\$40,000	1
5	Infrastructure	Catalpa House #23 Roof Replacement	NCCI	J000105577	Building condemned.	\$40,000	1
5	Infrastructure	Pine House Roof Replacement	NCCI	J000105578	Building condemned.	\$40,000	1
5	Infrastructure	Juniper Building #20 Roof Replacement	NCCI	J000105579		\$40,000	1
5	Infrastructure	Locus House Building #21 Roof Replacement	NCCI	J000105580	Temporary repairs made.	\$50,000	1
5	Infrastructure	Power Plant Building Roof Replacement	NCCI	J000106798	Temporary repairs made.	\$186,200	1
5	Infrastructure	Music Bunker #18 Roof Replacement	NCCI	J000105595		\$40,000	1
5	Infrastructure	Storage Shed Roof Replacement	NCCI	J000105601		\$12,000	1
5	Infrastructure	Computer Vehicle Analyzer	NCCI	J000109356		\$15,000	1
5	Infrastructure	Storehouse Freezer Electrical	NCCI	J000109362		\$10,000	1
5	Infrastructure	Sprinkler Pipe Repairs	NCCI	J000109363	Partial repairs made.	\$5,000	1
						\$53,576,941	

North Central Correctional Institution – Medium and Minimum Security

Housing Capacity:

NORTH CENTRAL CORRECTIONAL INSTITUTION - GARDNER
(Custody Level: Medium)
(Date Built: 1975)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	A CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	B NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 4.3) (1.8 Inmates, 4-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.5 Female Inmates)	C MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	D MAX No. of INMATES	E CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		
Thompson Hall - North 1						--													
Rm 113, 147	Room	x				2	85	2	2	4	2		2	--					
Rm 105	Room	x				2	79	2	1	2	1		1						
Rm 109	Room	x				2	85	2	1	2	1		1						
Rm 111, 115, 149, 151, 153	Room	x				10	85	2	5	10	5		5						
Rm 108	Room	x				2	89	2	1	2	1		1						
Rm 107	Room	x				2	98	2	1	2	1		1						
Rm 110	Room	x				2	110	2	1	2	1		1	40	2,440	70	40		
Rm 148, 152	Room	x				4	113	2	2	4	2		2						
Rm 112	Room	x				2	115	2	1	2	1		1						
Rm 146	Room	x				2	121	3	1	3	1		1						
Rm 150	Room	x				2	129	3	1	3	1		1						
Rm 154	Room	x				2	132	3	1	3	1		1						
Rm 114	Room	x				2	135	3	1	3	1		1						
Rm 106	Room	x				2	159	3	1	3	1		1						
Thompson Hall - North 2		x				38	varies	--	20	45	20	5	20	40	2,440	70	40	Dorm configured similar to North 1	
Thompson Hall - North 3						--								--					
Rm 321	Room	x				1	83	2	1	2	1		1						
Rm 309, 313	Room	x				2	85	2	2	4	2		2						
Rm 301, 323	Room	x				4	79	2	2	4	2		2						
Rm 305, 307, 311, 315, 317, 319	Room	x				12	85	2	6	12	6		6						
Rm 304	Room	x				2	89	2	1	2	1		1						
Rm 303	Room	x				2	98	2	1	2	1		1						
Rm 324, 325	Room	x				4	108	2	2	4	2		2						
Rm 306	Room	x				2	110	2	1	2	1		1	40	2,440	70	40		
Rm 314, 318	Room	x				4	113	2	2	4	2		2						
Rm 308	Room	x				2	115	2	1	2	1		1						
Rm 312, 326, 327	Room	x				6	121	3	3	9	3		2						
Rm 322	Room	x				2	124	3	1	3	1		1						
Rm 316	Room	x				2	130	3	1	3	1		1						
Rm 320	Room	x				2	133	3	1	3	1		1						
Rm 310	Room	x				2	136	3	1	3	1		1						
Rm 302	Room	x				2	159	3	1	3	1		1						
Thompson Hall - South 1		x				51	varies	--	27	62	27	5	27	40					
Thompson Hall - South 2		x				51	varies	--	27	62	27	5	27	40	2,440	70	70	Dorm config sim to North 3	
Thompson Hall - South 3		x				51	varies	--	27	62	27	5	27	40					
Thompson Hall - East 2		x				46	103	2	23	46	18	4	18	36	450	13	13	Dorm config sim to North 3	
Thompson Hall - East 3		x				46	103	2	23	46	18	4	18	36	450	13	13		

UNIT	TYPE	MEN			WOMEN			SLEEPING SPACE (ACA Standard)			PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)			COMMENTS	IMPROVEMENTS	POTENTIAL CAPACITY	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	SPECIAL MANAGEMENT CELL (Temp. Housing)	A	SQUARE FOOT (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1.3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		
Block 6 - B Building								--													
Emergency Dorm	Dorm	x						16	1550	25	1	25									
B1: Dorm Rm 3-33	Dorm	x						28	1098	17	1	17	4	5	5	24					
B1: Dorm Rm 3-32	Room	x						2	117	2	1	2									
B1: Dorm Rm 3-7 to 3-23 (Seg Unit)			x					--				--					520	14	14	17 rooms (seg unit, not in count)	
B1: Dorm Rm 2-1	Dorm	x						32	1098	17	1	17	4	4	5	16					
B1: Dorm Rm 2-17	Room	x						2	117	2	1	2									
B1: Dorm Rm 2-6	Dorm	x						28	1098	17	1	17	4	5	5	16					
B1: Dorm Rm 2-8	Room	x						2	117	2	1	2									
Block 9 - A Building								--													
Emergency Dorm	Dorm	x						16	1100	18	1	18	4	4	5	16					
A1: Dorm Rm 3-1	Dorm	x						28	1098	17	1	17									
A1: Dorm Rm 3-17	Room	x						2	117	2	1	2									
A1: Dorm Rm 3-19	Dorm	x						28	1098	17	1	17	4	5	5	16					
A1: Dorm Rm 3-8	Room	x						2	117	2	1	2									
A2: Dorm Rm 2-1	Dorm	x						28	1098	17	1	17	4	4	5	16					
A2: Dorm Rm 2-16	Room	x						2	117	2	1	2									
A2: Dorm Rm 2-18	Dorm	x						28	1098	17	1	17	4	5	5	16					
A2: Dorm Rm 2-8	Room	x						2	117	2	1	2									
Block H - Dorm (1st & 2nd flr)		x						68	1892	27	2	54	12	8	5	40				80	
Block G - Dorm (1st & 2nd flr)		x						66	1892	27	2	54	12	8	5	40					
Block I - Dorm I Bldg (MW) R-2		x						80	4838	69	2	138	12	7	10	56	NA	NA	56	Add: 3 Showers	80
Block F (Dorm)								--				--									
3-1		x						14	576	8	1	8									
3-3		x						14	574	8	1	8									
3-5		x						16	704	10	1	10	7	6	6	42	810	23	23		
3-8		x						4	242	3	1	3									
3-9, 10, 11, 12, 13, 14		x						12	154	2	6	12									
2-1		x						16	173	2	1	2									
2-3		x						14	173	2	1	2	7	6	6	42	810	23	23		
2-5		x						14	198	3	1	3									
2-9, 10, 11, 12, 13, 14,		x						12	129	2	6	12									
Health Services		x						--												6 beds (not in count)	--
At-Risk			x					--												2 beds (not in count)	--
Segregation			x					--												12 beds (not in count)	--
Intake		x						--												2 security cells (not in count)	--
								948			235								426		
																				450	
																				1000	568

(MW) = Modular/Wood Building

North Central Correctional Institution – Medium and Minimum Security

Housing Capacity: (Continued)

NORTH CENTRAL CORRECTIONAL INSTITUTION (MINIMUM) - GARDNER
(Custody Level: Minimum)
(Date Built: 1975)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE <small>(ACA Standard)</small>				PLUMBING FIXTURES <small>(Mass Plumbing Code)</small>				DAYROOM SPACE <small>(ACA Standard)</small>		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)	
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>	GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		SQUARE FEET <small>(Single - 35SF min unencumbered Double - 50SF minimum, or 70SF Total Dorm - 25SF unencumbered)</small>	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B	SINKS <small>(1.6 Inmates, 1-3) (1.8 Inmates, R-2)</small>	SHOWERS <small>(1.8 Inmates)</small>	TOILETS <small>(1.8 Male Inmates, 1.6 Female Inmates)</small>	C	DAYROOM SF <small>(35SF per Inmate)</small>	D							
Locust (work unit) - floor 2						20	Varies	6	20	3	3	3	24	NA	NA								
Locust (work unit) - floor 3						10	Varies	3	10	3	2	3	16	NA	NA	30							
						30		9									30			30		30	30

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



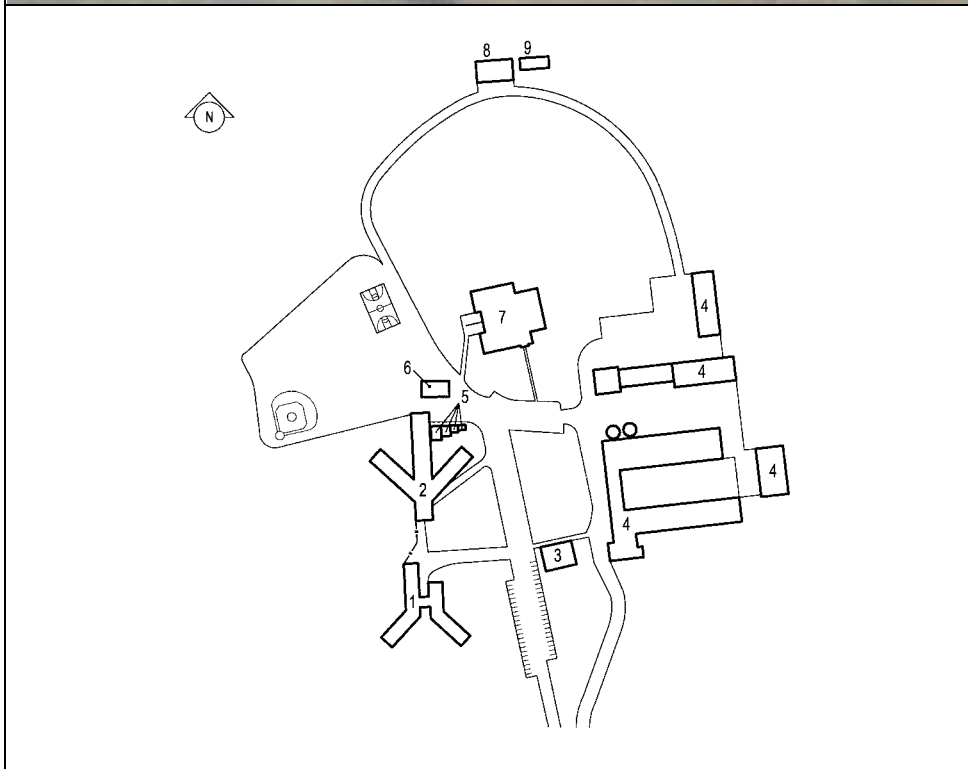
Northeastern Correctional Center

Address: Barretts Mill Road
West Concord, MA 01742

Year Opened: 1932

Security Levels: Minimum, Pre-release

Sq. Footage: 132,491 gsf



Buildings

1. Gralton Hall (Housing)	11,787 gsf / CAMIS ID 430DOC0680
2. Farm Dorm (Housing)	28,644 gsf / CAMIS ID 430DOC9501
3. Programs (Housing)	2,880 gsf / CAMIS ID 430DOCPB29
4. Farm Bldgs	32,464 gsf / CAMIS ID 430DOCPB19
5. Storage Sheds	--
6. Garage	1,380 gsf / CAMIS ID 430DOCPB26
7. Visiting/Recreation Center	11,875 gsf / CAMIS ID 430DOC9502
8. Storage	--
9. Condemned Bldg (Piggery)	--

Northeastern Correctional Center

Description:

- The 300 acre site is organized in a campus/farm layout. The original facility opened in 1932 as a prison farm to supply meat and produce to the prison system. The campus was expanded as follows: 1978 Work Release Building (Gralton Hall), 1984 Farm Buildings, 1988 Visitor/Gym building, 1996 wood modular Program building. Buildings are generally in good condition.
- There are two dining areas. One is for inmates and the other is part of a culinary program with the dining area open to the public.
- Interiors are in Good to Fair condition.
- Lack of storage space requires smaller orders that are not as cost-effective.
- The grounds include walking trails, basketball court, and ball field, as well as space for training NEADS dogs.
- Wastewater treatment is shared with MCI Concord.
- The facility is on town water and electric service.
- There are areas available on the site for expansion.
- The location of the Control Room does not adequately control inmate traffic, and public access in and out of the building.
- The gymnasium is closed during visiting hours, because they share the same space.
- There is only a single designated program room. Additional program space is needed.
- There is a 4-5 month waiting list for pre-release and minimum security beds at this facility.
- Access road and parking need paving.

Major Issues:

- Exterior façade repairs at farm dorm.
- Roof repair/replacement at all buildings.
- Replace Farm Dorm windows.
- Perimeter drain repairs at Farm Dorm.
- Equipment upgrades: Life safety, medical, industries training.
- Hayes Report, Life Safety, and ADA upgrades required.
- Utility survey and upgrades are required.

Previously Requested Capital Projects:

- Boiler/steam line project
- Modular Replacement

Northeastern Correctional Center

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

	Proj			CAMIS		EST.	DURATION
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Clean State	Grease Trap Installation	NECC	J000109600		\$200,000	2
1	DPH Required	NECC Life Safety Upgrade	NECC	J000109399	Fire Esc, Emerg Fire Doors and Door Alarms, MATV Sys., Windows	\$400,000	1.5
1	DPH Required	Master Hot Water Mixing Station	NECC	J000109400	Farm Dorm/Gralton Hall	\$10,000	1
1	Infrastructure	New Water Meter Pit	NECC	J000105440		\$55,000	1
2	Infrastructure	Boiler Replacements	NECC	J000109401	Funding pending from DCAM.	\$175,000	2
3	Infrastructure	Replace Farm Dorm Kitchen windows	NECC	J000109610		\$125,000	1
4	Infrastructure	Shaker Farm House Restoration	NECC	J000111150	Some repairs completed.	\$250,000	1.5
4	Infrastructure	Gralton Hall Roof Replacement	NECC	J000105456		\$353,610	1.5
4	Infrastructure	Farm Dorm Roof Replacement	NECC	J000105457		\$109,561	1
4	Infrastructure	Cow Barn Roof Replacement	NECC	J000105459		\$105,300	1
4	Infrastructure	Cumming House Roof Replacement	NECC	J000109398		\$10,530	1
5	Infrastructure	Concord Storage Barn #13 Roof Replacement	NECC	J000105461		\$118,800	1
5	Infrastructure	Farm Garage #11 Roof Replacement	NECC	J000105465		\$41,400	1

\$1,954,201

Northeastern Correctional Center

Housing Capacity:

NORTHEASTERN CORRECTIONAL CENTER - WEST CONCORD
(Custody Level: Minimum / Pre-Release)
(Date Built: 1932)

REVISED ON: 10/8/2010

		MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)							
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 55SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	B MAX NUMBER OF BEDS	SINKS (1.6 inmates, 1-3) (1.8 Inmates, R-2)	SHOWERS (1.8 inmates)	TOILETS (1.8 Male Inmates, 1.6 Female inmates)	C MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	D MAX No. of INMATES	E CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)				
Farm Dorm - Basement	Cell	x				--	63	1	2						1000/NA	NA	--	2 Segregation Cell (not in count)	--	IMPROVEMENTS	POTENTIAL CAPACITY
Farm Dorm - 1W (single rm)	Room	x				--	63	1	4							NA	--	4 Medical cells/beds (not in count)	--		
Farm Dorm - 1W	Room	x				39	63	1	22		22	3	22	24		NA	22		22		
Farm Dorm - 1E	Room	x				44	63	1	22		22	3	22	24		NA	22		22		
Farm Dorm - 1E Holding	Cell	x				--	63	1	2							NA	--	2 Holding cells (not in count)	--		
Farm Dorm - 2W	Room	x				48	63	1	22		22	3	22	24		NA	22		22		
Farm Dorm - 2E	Room	x				48	63	1	22		22	3	22	24		NA	22		22		
Gralton Hall - 1E	Room	x				22	100	2	11	22						NA					
Gralton Hall - 1W (single rm)	Room	x				5	100	2	5	10	3	4	4	24	350/NA	NA	24		24		
Gralton Hall - 1W (single rm)	Room	x				12	100	2	6	12					NA						
Gralton Hall - 2E	Room	x				26	100	2	13	26					NA						
Gralton Hall - 2W	Room	x				24	100	2	12	24	3	4	4	24	350/NA	NA	24	Add: 3 Sinks, 2 Showers **, 2 Toilets	48		
						268	137									136					
																	160				
																	267 150				

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



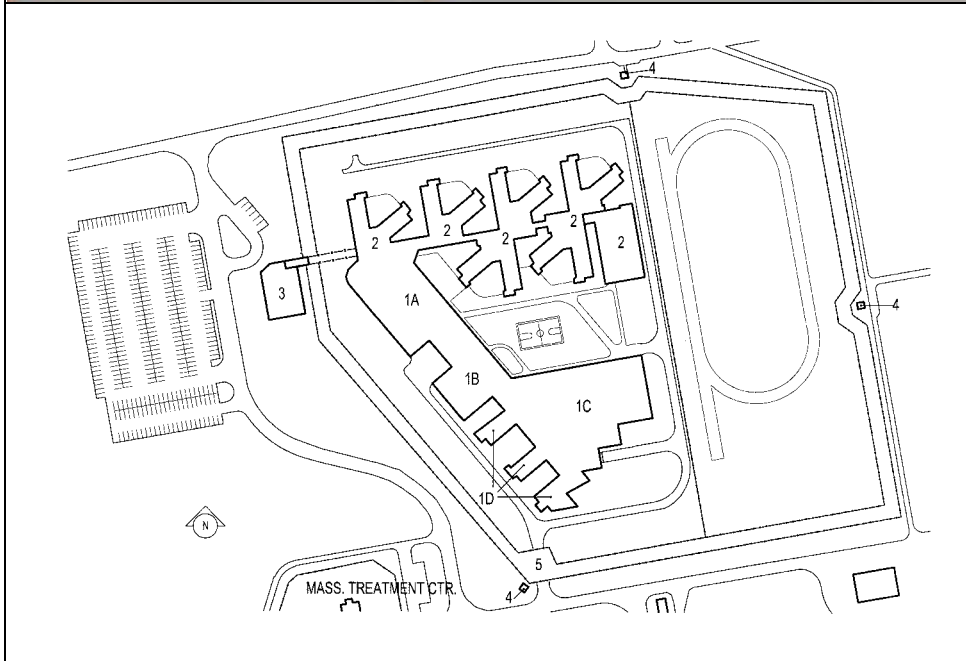
Old Colony Correctional Center Medium

Address: 1 Administration Drive
Bridgewater, MA

Year Opened: 1987

Security Levels: Medium

Sq. Footage:



Buildings

1. Main Bldg.	
1A Kitchen/Visitng/ Property	
1B Laundry/P.S. Ser./NMS/HSU	
1C Voc. Ed./Shops/ Gym/Ind./Ind. Warehouse	250,000 gsf / CAMIS ID 715DOC9241
1D MPU/SAMP/Seg	
2. Housing	
3. Admin Bldg.	17,920 gsf / CAMIS ID 715DOC9240
4. Yard Tower	--
5. Vehicle Trap	--

Old Colony Correctional Center Medium

Description:

- The Old Colony Correctional Center (Medium) was completed in 1987 as a medium security, general population facility. It was built as a replacement for the Southeastern Correctional Center. It houses a high percentage of sex offenders, older inmates, and 52A's. The building is a steel frame structure with masonry infill and brick veneer exterior.
- There are six original housing pods consisting of 428 cells with 76 square feet each. In 1990, a housing unit with 60 precast concrete cells was added. Each of the six original housing pods has an adjacent interior recreation courtyard. There is also a standard size gym.
- The food service area is limited because most of the food is prepared at the Bridgewater Complex Central Kitchen. The onsite cooking is limited to re-heat and minor cooking. There is a single central dining area for all inmates except segregation.
- The Center shares central warehouse, water treatment facilities, and steam plant with the Bridgewater Complex.
- The intake area handles a higher volume of transports for a DOC facility due to the 52A inmates.
- The health services area has a clinic and an adjacent infirmary. The health clinic is used to serve inmates from other Bridgewater Complex facilities that do not have the capability or level of security required.
- There is space within the secure perimeter for expansion.

Major Issues:

- Equipment in food and health service areas is marginal.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							Dec-10
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
DOC16	OLD COLONY CORRECTIONAL CENTER	OLD COLONY ADMINISTRATION	J000106782	STEAM LINES REPAIR / OCCC DRM 200735	CONSTRUCTION	3,300,000	Requested
DOC16	OLD COLONY CORRECTIONAL CENTER	OLD COLONY CORRECTION	J000106956	REPAIR / REPLACE FIRE ALARM SYSTEM OCCC DRM 2007-53	REPAIR / REPLACE FIRE ALARM SYSTEM OCCC DRM 2007-53	200,000	Requested

Total Requested: 3,500,000

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

	Proj			CAMIS		EST.	DURATION
PRI	TYPE	PROJECT	FACILITY	N0	COMMENTS	COST	(in years)
1	Infrastructure	Steam Line Repairs	OCCC	J000109426	Design Complete, Temp connection awarded.	\$4,500,000	
3	Infrastructure	Administration Building Roof Replacement	OCCC	J000105668		\$358,400	1.5
3	Infrastructure	Facility Roof Replacement	OCCC	J000105684		\$5,333,500	2
3	Infrastructure	Building 19 Roof Replacement	OCCC	J000105685		\$40,000	1
5	Infrastructure	Repaving	OCCC	J000109425		\$235,000	1

\$10,466,900

Old Colony Correctional Center Medium

Housing Capacity:

OLD COLONY CORRECTIONAL CENTER - MEDIUM - BRIDGEWATER
(Custody Level: Medium)
(Date Built: 1987)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>	GENERAL POPULATION	SPECIAL MANAGEMENT CELL <small>(Temp. Housing)</small>		SQUARE FEET <small>(Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 255F unencumbered)</small>	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS <small>(1.6 Inmates, 1.3) (1.8 Inmates, R-2)</small>	SHOWERS <small>(1.8 Inmates)</small>	TOILETS <small>(1.8 Male Inmates, 1.6 Female Inmates)</small>	MAX No. of INMATES	DAYROOM SF <small>(35SF per Inmate)</small>	MAX No. of INMATES						
Sector C - Unit 1	Cell	x				60	76	2	31	62	30	4	30	32	576	16	16	Protective Custody		16		
Sector C - Unit 2	Cell	x				61	76	2	31	62	30	4	30	32	576	16	16	Res. Treatment Unit		16		
Sector C - Unit 3	Cell		x			31	76	2 *	31	31	30	4	30	32	576	16	32	MPU - Seg. Unit	**	62		
Sector F	Cell	x				93	76	2	61	122	60	8	60	64	576	16	16			16		
Sector G	Cell	x				93	76	2	61	122	60	8	60	64	576	16	16			16		
Sector H	Cell	x				93	76	2	61	122	60	8	60	64	576	16	16			16		
Sector J	Cell	x				93	76	2	61	122	60	8	60	64	576	16	16			16		
Sector K	Cell	x				93	76	2	61	122	60	8	60	64	576	16	16			16		
Sector L	Cell	x				92	76	2	61	122	60	8	60	64	576	16	16			16		
Health Services Unit	Cell/Dorm	x				(10)											(10)	Medical Unit (not in count)		--		
Modular (MC)	Cell	x				111	76	2	60	120	60	10	60	80	4,876	139	80	52A Population		80		
						820			488								240			270	812	480

* = Normally Single Bunked
(MC) = Modular/Concrete Building



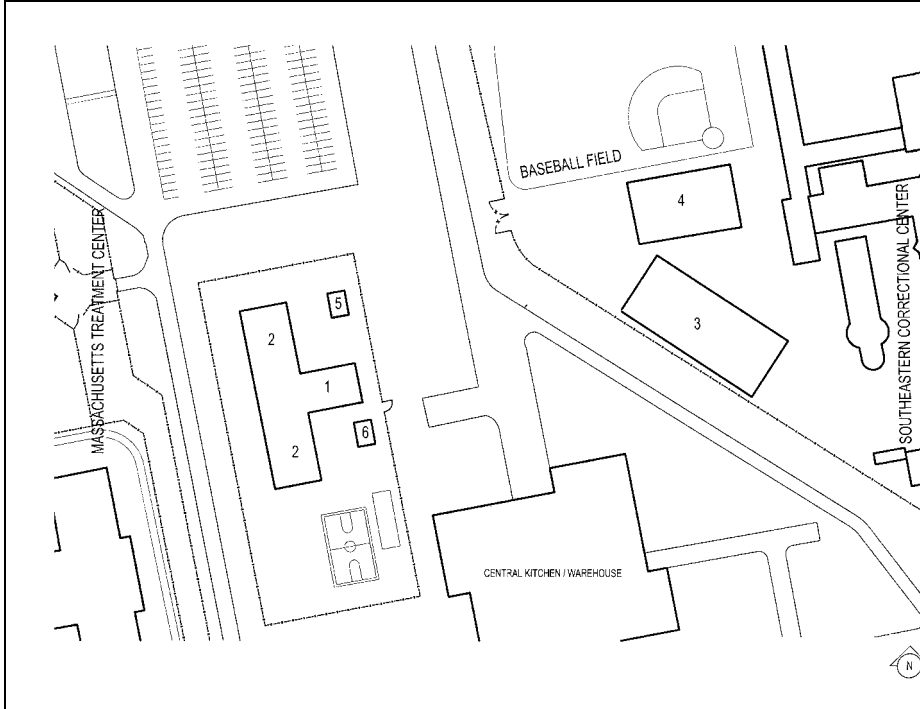
Old Colony Correctional Center – Minimum

Address: One Administration Road
Bridgewater, MA 02324

Year Opened: 1982

Security Levels: Minimum

Sq. Footage: 33,887 gsf



Buildings

1. Admin/Programs (Modular)	18,312 gsf / CAMIS ID 715DOCPBA9
2. Housing (Modular)	
3. Visiting (Modular)	14,175 gsf / CAMIS ID 715DOCPB88
4. Gym/Storage (Modular)	8,640 gsf / CAMIS ID 715DOC9211
5. Grounds Storage	600 gsf / CAMIS ID 715DOCPBB8
6. Recreation	800 gsf / CAMIS ID 715DOCPBB9

Old Colony Correctional Center – Minimum

Description:

- The Old Colony Correctional Center (Minimum) was originally opened in 1982 as an addition to the South Eastern Correctional Center. In 2005, it was separated from the closed SECC facility. It provides housing for inmates eligible for work assignments both inside and outside the Bridgewater Complex. It has two modular wood structures in fair condition providing dormitory housing and an inmate visitation area.
- There are three dormitory housing units with a total of 160 beds.
- The facility lacks a food service area as most of the inmates work at the Central Kitchen and all meals are taken there. There is also no medical area as those services are provided at OCCC (Medium).

Major Issues:

- The facilities two modular wood structures were designed and constructed to be temporary but they are now over 25 years old. The buildings are in marginal condition requiring new roofs and repairs to exterior siding/trim. The toilet rooms are in fair to poor condition. The buildings should be considered near the end of their serviceable life and will require replacement.
- The facility needs additional space for programs and interview rooms for attorney/client meetings.
- The facility has a major access road bisecting it. The layout of the facility should be reconsidered if either of the modular buildings is replaced.

Previously Requested Capital Projects:

- Modular Replacement

CAMIS Requested Projects: See OCCC Medium

Old Colony Correctional Center – Minimum

Housing Capacity:

OLD COLONY CORRECTIONAL CENTER - MINIMUM - BRIDGEWATER
(Custody Level: Minimum)
(Date Built: 1987)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E	COMMENTS	IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1-3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	MAX No. of INMATES	DAYROOM SF (35SF per Inmate)	MAX No. of INMATES					
Unit A (MW)	Dorm	x				55	350	6	10	60	8	8	8	64	NA	NA	60		60		
Unit B (MW)	Dorm	x				55	350	6	10	60	8	8	8	64	NA	NA	60		60		
Unit C Visiting ** (MW)	Dorm	x				50	5471	91	1	91	9	7	7	72	NA	NA	72	Orientation Unit	72		
						160			21								192		192	156	100

** = Partial Housing Converted to Visiting

(MW) = Modular/Wood Building

** = Add Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



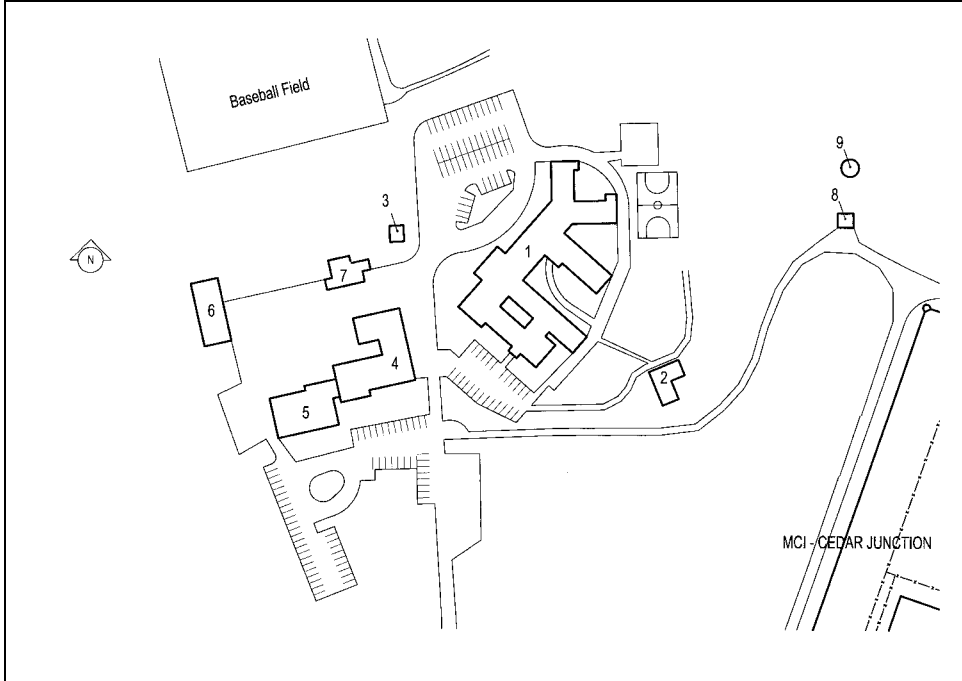
Pondville Correctional Center

Address: 1 Industries Drive
Norfolk, MA 02021

Year Opened: 1990

Security Levels: Minimum, Pre-release

Sq. Footage: 118,310 gsf



Buildings

Pondville Correctional Center

1. Main Bldg.	71,101 gsf / CAMIS ID 625DOCPB91
2. Recreation Bldg.	2,320 gsf / CAMIS ID 625DOCPB92
3. Maintenance Bldg.	950 gsf / CAMIS ID 625DOCPB85

Other Buildings

4. DOC Human Resources/IT	41,000 gsf / CAMIS ID 625DOCPB87
5. MASSCOR Industries Offices	
6. MASSCOR Industries	1,800 gsf / CAMIS ID 625DOCPB88
7. MASSCOR Industries	--
8. Pump House	--
9. Water Tower	--

Pondville Correctional Center

Description:

- The main building at the Pondville Correctional Center was constructed in 1975, with an addition in 1990. The facility houses minimum and pre-release inmates in a "normalized" setting that allows them to move freely around the campus. The facility has 204 beds and all inmates are housed in dry rooms.
- The main building and addition are in excellent condition, while smaller support buildings are in fair to good condition.
- There is lack of space for: programs, medical care, administrative functions, control/security/intake functions, staff meetings and training, food preparation, counseling, visiting, and storage.
- There is space onsite for expansion.
- Water and sewage treatment is provided by the adjacent Norfolk Campus.
- As part of a four facility complex in Walpole and Norfolk, Pondville shares a restricted water supply that limits increases in inmate population. Connection to the municipal water supply can remedy this situation.

Major Issues:

- All roofs need replacing
- The recreation building has moisture related issues including exterior wall deterioration.
- Bathroom showers need renovation. A hot water booster needs to be installed.
- Security: Perimeter door security system needs to be upgraded. Expand the exterior CCTV system. Street lights are needed on the access road.
- Medical equipment needs upgrade/replacement.
- Industries training equipment needs to be upgraded.

Previously Requested Capital Projects:

- Program Building

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

	Proj			CAMIS		EST.	DURATION
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
1	DPH Required	Replace Existing Showers	Pondville	J000109577		\$60,000	1
1	DPH Required	Hot Water Boosters	Pondville	J000109578		\$50,000	1
3	Infrastructure	Automated Key system	Pondville	J000111170		\$20,000	
4	Infrastructure	Street Lights on Industries Drive	Pondville	J000109579		\$60,000	1
4	Infrastructure	Maintenance Building Roof Replacement	Pondville	J000105620		\$6,500	1
4	Infrastructure	Facility Roof Replacement	Pondville	J000105621		\$426,606	2
						\$623,106	

Pondville Correctional Center

Housing Capacity:

PONDVILLE CORRECTIONAL CENTER - NORFOLK
(Custody Level: Minimum / Pre-Release)
(Date Built: 1990)

REVISED ON: 10/8/2010

		MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)				DAYROOM SPACE (ACA Standard)								
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	A				B							
											SQUARE FEET (Single - 355F min unencumbered Double - 505F unencum. or 705F Total Dorm - 255F unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1.3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male inmates, 1.6 Female inmates)	MAX No. of INMATES	DAYROOM SF (355F per Inmate)	MAX No. of INMATES	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)	COMMENTS
1-1	Room	x							48	80	2	24	48	7	5	5	40	NA	NA	40		
1-2	Room	x							26	80	2	13	26	2	2	2	16	NA	NA	16		
1-3	Room	x							16	80	2	8	16									
1-3 HC	Room	x							4	100	3	2	6	2	2	2	16	NA	NA	16		
2-1	Room	x							20	120	3	10	30	3	3	3	24	NA	NA	24		
2-2	Room	x							34	80	2	17	34	(2) 5	5	5	40	NA	NA	34		
2-3	Room	x							28	80	2	14	28				48	NA	NA	48		
2-4	Room	x							28	80	2	14	28	6	6	6						
									204				102							178		
											204	102								178		

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



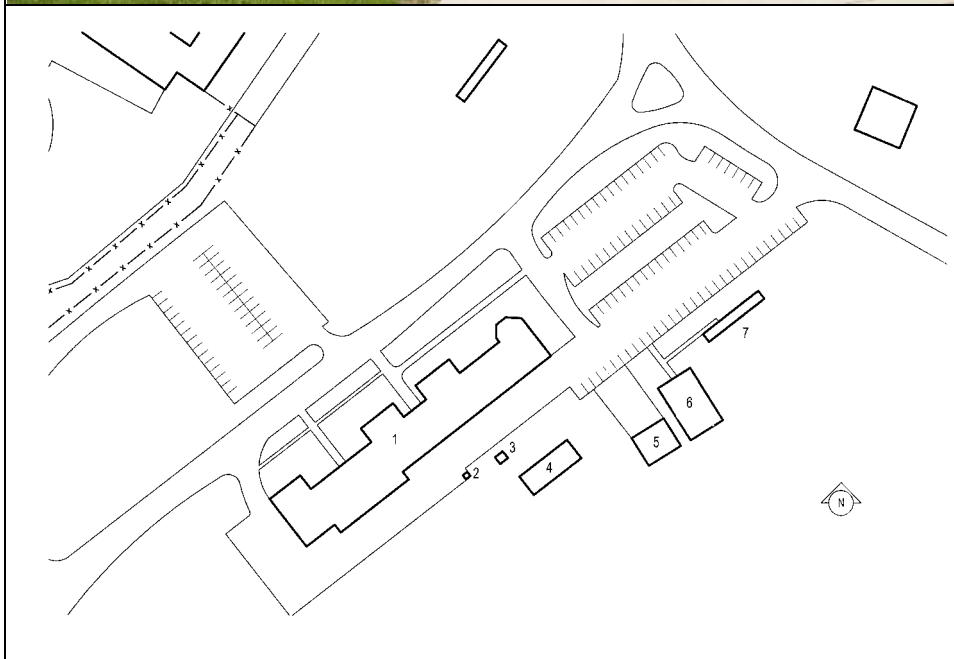
South Middlesex Correctional Center

Address: 135 Western avenue
Framingham, MA 01701

Year Opened: 2002

Security Levels: Minimum, Pre-release

Sq. Footage: 74,884 gsf



Buildings

1. Main Building	52,600 gsf / CAMIS ID 450DOCPB17
2. Store Shed 2	80 gsf / CAMIS ID 450DOCPB16
3. Store Shed 1	96 gsf / CAMIS ID 450DOC0501
4. Greenhouse	1,110 gsf / CAMIS ID 450DOC0504
5. Garage	900 gsf / CAMIS ID 450DOC0503
6. House	1,880 gsf / CAMIS ID 316DOC0801
7. Trailer	--

South Middlesex Correctional Center

Description:

- The South Middlesex Correctional Center's main building is 3-stories with a fully occupied basement. It is steel frame and brick masonry structure constructed in the 1930's. The Center was founded in 1976 and moved to its present site adjacent to MCI Framingham in 1981. Originally, the facility housed male and female inmates but it became all female in 2002. It currently houses sentenced county and DOC female inmates.
- In 1990, a 2-story addition with air conditioning in the administration spaces was built.
- A two story garage that housed an automotive program at the site is not currently active.
- Greenhouse used for a horticultural program.
- A new house for the Family Reunification Center was recently constructed with donated funds and labor. It replaces a trailer that was used for the parenting program.
- A central power plant at MCI Framingham provides heat. The heating system is inefficient and difficult to balance.
- There is insufficient space for library and programs. Five housing units have been converted to program or administrative space.
- There is insufficient space for intake, kitchen, laundry, health services, religious services, and warehouse storage. Public lobby and visitation space is limited. There is no indoor children's play area.

Major Issues:

- The 3-story wood porch on the back of the main building needs replacement or extensive repairs.
- Slate roof needs repair.
- Equipment upgrades are needed for kitchen, maintenance, laundry, life safety, medical equipment, digital MATV system.
- Need to expand exterior/interior CCTV system.
- Hayes Report and accessibility upgrades required.

Previously Requested Capital Projects:

- Program Building

CAMIS Requested Projects:

FY 08 -- FY11 Deferred Maintenance Requests for Correction and Sherriffs Facilities							Dec-10
Site	Site Name	Building Name	Project Number	Project Description	PhaseDescription	Est Cost	Status
DOC19	SOUTH MIDDLESEX CORRECTIONAL CENTER	GROUNDS	J000108497	SMCC SECURITY UPGRADES DRM 200859	CONSTRUCTION	200,000	Requested

Total Requests: 200,000

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

PRI	Proj TYPE	PROJECT	FACILITY	CAMIS NO	COMMENTS	EST. COST	DURATION (in years)
3	Infrastructure	Slate Roof Repairs and Rear Porch Demo	SMCC	J000109458		\$575,000	1
						\$575,000	

Housing Capacity: (Continued on Next Page)

REVISÉ ON: 10/8/2010

CMP: Appendix B - DECEMBER 2011

South Middlesex Correctional Center

Housing Capacity: (Continued)

SOUTH MIDDLESEX CORRECTIONAL CENTER - FRAMINGHAM
(Custody Level: Minimum/Pre-Release)
(Date Built: 2002)

REVISED ON: 10/8/2010

UNIT	TYPE	MEN		WOMEN		A	SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)		E		IMPROVEMENTS	F	AVERAGE DAILY POPULATION (ADP) 2009	2009 DESIGN CAPACITY (DOC QUARTERLY REPORT)
		GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)	GENERAL POPULATION	SPECIAL MANAGEMENT CELL (Temp. Housing)		SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	SINKS (1.6 Inmates, 1-3) (1.8 Inmates, R-2)	SHOWERS (1.8 Inmates)	TOILETS (1.8 Male Inmates, 1.6 Female Inmates)	C	DAYROOM SF (35SF per Inmate)						
Rm 300	Room			x		1	99	2	1	2	2	2	2	16	NA	16		Add: 2 Sinks, 2 Showers **, 2 Toilets	32		
Rm 303	Room			x		1	158	3	1	3											
Rm 306, 307, 308, 309	Room			x		8	108	2	4	8											
Rm 311	Room			x		2	112	2	1	2											
Rm 305	Room			x		2	150	3	1	3											
Rm 301	Room			x		3	86	2	1	2											
Rm 304	Room			x		3	96	2	1	2											
Rm 310	Room			x		3	144	3	1	3											
Rm 302	Room			x		3	158	3	1	3											
Rm 318	Room			x		2	119	2	1	2											
Rm 319	Room			x		2	154	3	1	3	4	4	4	32	NA	23					
Rm 317	Room			x		3	126	3	1	3											
Rm 320	Room			x		3	154	3	1	3											
Rm 321-324, 326, 328, 329	Room			x		14	117	2	7	14											
Rm 330	Room			x		2	140	3	1	3											
Rm 327	Room			x		2	145	3	1	3											
Rm 325	Room			x		2	168	3	1	3											
Rm 333	Room			x		1	96	2	1	2											
Rm 331	Room			x		2	117	2	1	2											
Rm 337	Room			x		2	126	3	1	3											4
Rm 334	Room			x		2	134	3	1	3											
Rm 336	Room			x		2	140	3	1	3											
Rm 335	Room			x		2	168	3	1	3											
Rm 332	Room			x		3	175	3	1	3											
Rm 338	Room			x		4	165	3	1	3											
Health Services	Room			x		--															
Intake	Room			x		--															
	</																				

** = or Shower Controls

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



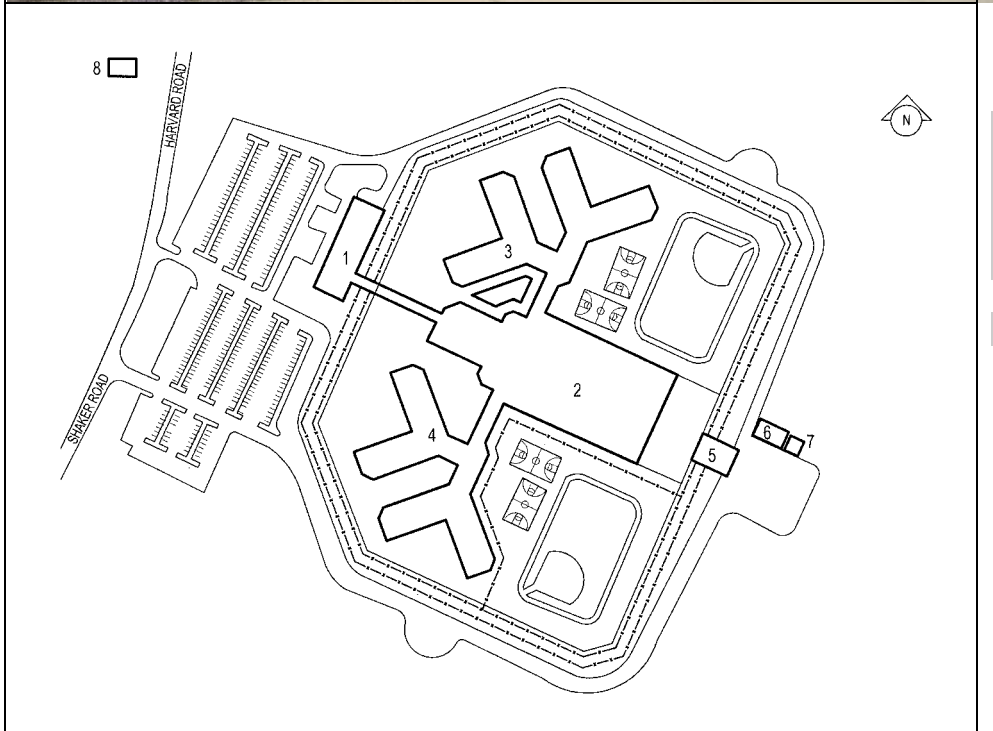
Souza-Baranowski Correctional Center

Address: P.O. Box 8000
Shirley, MA 01464

Year Opened: 1998

Security Levels: Maximum

Sq. Footage: 558,342 gsf



Buildings

- | | |
|----------------------------|-----------------------------------|
| 1. Administration Building | |
| 2. B, C & D Sections | |
| 3. North Wing | 550,000 gsf / CAMIS ID 316DOCPB22 |
| 4. South Wing | |
| 5. Vehicle Trap | |
| 6. Generator Bldg. | 2,176 gsf / CAMIS ID 316DOCPB10 |
| 7. Quonset Shed | 899 gsf / CAMIS ID 316DOCPB18 |
| 8. Chabot House | -- |

Souza-Baranowski Correctional Center

Description:

- The Souza Baranowski Correctional Center was opened in 1998 on a 24.7 acre site within the large DOC Shirley Complex. The facility is DOC's maximum security level institution as MCI Cedar Junction has been re-missioned to the DOC's "intake" facility. The main building is a steel frame structure and the housing unit's cells are precast concrete.
- There are eight housing blocks and four segregation units containing 1152 cells with 81 square feet in each. The cells originally contained a single bunk but a second bunk has been added to many cells to allow double bunking.
- Each housing unit has an interior recreation court and there are two large gyms.
- The facility has large support spaces with state of the art equipment. There is a large central dining facility with food service delivered to only the health care, segregation and orientation units. The kitchen and laundry facilities have large commercial equipment capable of accommodating the increased inmate population by increasing the hours of operation. The facility shares food storage in a central warehouse for the Shirley Complex.
- Medical services include well equipped areas for triage, dental, optometry, x-ray, tele-medicine facility, pharmacy, and psychiatric offices.
- The Voc-Ed area is vacant and can be repurposed for classrooms / program space.

Major Issues:

- The passenger style elevator that delivers supplies to the kitchen needs to be replaced with a freight elevator.
- The increased inmate population due to double bunking may require improvements to the main trap, visitation area, and inmate shower facilities.

Previously Requested Capital Projects:

- None

CAMIS Requested Projects:

DEPARTMENT OF CORRECTION Deferred Maintenance Items from Urgent Capital Requests 2010

	Proj			CAMIS		EST.	DURATION
PRI	TYPE	PROJECT	FACILITY	NO	COMMENTS	COST	(in years)
2	Security	Security System Upgrade	SBCC	J000109496	Servers and fiber optic cabling	\$800,000	2
2	Security	Vehicle Trap design/construction	SBCC	J000109497		\$2,000,000	4
2	Security	Inner Perimeter Fence Upgrades	SBCC	J000109498		\$625,000	2
1	Infrastructure	Cell Light modifications	SBCC	J000109499		\$500,000	2
4	Infrastructure	Light Level - Dark Skies Initiative	SBCC/Shirley	J000109500		\$250,000	2
						\$4,175,000	

Souza-Baranowski Correctional Center

Housing Capacity:

SOUZA-BARANOWSKI CORRECTIONAL CENTER - SHIRLEY
(Custody Level: Maximum)
(Date Built: 1998)

REVISED ON: 10/8/2010

		MEN		WOMEN		SLEEPING SPACE (ACA Standard)				PLUMBING FIXTURES (Mass Plumbing Code)			DAYROOM SPACE (ACA Standard)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
UNIT	TYPE	GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		GENERAL POPULATION		SPECIAL MANAGEMENT CELL (Temp. Housing)		CURRENT NUMBER OF BEDS	A	SQUARE FEET (Single - 35SF min unencumbered Double - 50SF unencum. or 70SF Total Dorm - 25SF unencumbered)	INMATES PER ROOM	NUMBER OF CELLS / DORMS	MAX NUMBER OF BEDS	B	SINKS (1.6 Inmates)	SHOWERS (1.8 Inmates) **	TOILETS (1.6 Male Inmates, 1.6 Female Inmates)	C	MAX No. of INMATES	DAYROOM SF (35SF per Inmate) ***	D	MAX No. of INMATES	E	CMP BASELINE CAPACITY (per ACA & Mass Plumbing Code)		COMMENTS		IMPROVEMENTS	F		AVERAGE DAILY POPULATION (ADP) 2009	2009	DESIGN CAPACITY (DOC QUARTERLY REPORT)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

** Shower access is limited for Max Security

*** Limited access to dayroom space for Max Security

Note: Red numerals indicate limiting factors on determining "CMP Baseline Capacity".



**The Corrections Master Plan
The Final Report**

**Appendix C
The Impact of Legislation on
Development Options**

Appendix C – The Impact of Legislation on Development Options

Types of Legal Mandates

Any strategic plan for the future of the Commonwealth's correctional system requires a review of the legal and regulatory requirements which currently drive the demand for prison and jail bed spaces. A necessary corollary of this review is an analysis of which of these legal mandates may need to be revisited and modified in order to offer the Commonwealth options for a safer, more rational and cost-effective criminal justice system.

Some legal mandates, such as mandatory minimum sentences for certain drug and violent offenses are set forth in the Commonwealth's statutes, Massachusetts General Laws ("General Laws"), and would require legislative action in order to change the practices they establish or define. Elements of the Chapter 256 of the Acts of 2010, effective November 4, 2010, and well as the Governor's legislative proposals filed early in 2011 (House Bill Nos. 40, 41 and 42) for consideration and passage by the Legislature, address several of the legal impediments to a safer and more efficient correctional system. This newly enacted and proposed legislation aims to enhance public safety by eliminating some of the legal requirements that have added to a burgeoning prison and jail population marked by high rates of recidivism. The Governor's legislative proposals will be discussed later in greater detail.

Other legal requirements are set out in the Code of Massachusetts (CMR) regulations, or in Department of Correction policies, each of which includes a process for their revision, and both of which are less complicated than amending or enacting a new statute. Still other mandates are laid out in State and Federal Court decrees, and would involve approval of the Courts to change them. Finally, there are several practices, which though not required legally, are so entrenched as to have taken on a legal "aura". However, upon examination, it becomes apparent that they are followed largely because either there are no appropriate alternatives, or because they have an historical basis, which may be long obsolete, given the issues and challenges of criminal justice in the Commonwealth today.

Other States' Experiences and Issues Unique to Massachusetts

The complexities inherent in the administration of any criminal justice system are magnified in Massachusetts by the overlapping responsibilities of the 14 county and State correctional systems. Moreover, certain legal requirements constrain the ability of the Courts, the Commissioner of Correction and the Sheriffs to manage the correctional system in a manner that will maximize public safety, increase efficiency, and respond to the multiple and complex



needs of the inmates and detainees in custody. Some of these limitations mirror the experiences of other states; many others are historical or political vestiges, entirely unique to the Commonwealth.

For example, significant increases in the number of incarcerated men and women serving mandatory minimum sentences largely for drug offenses have created major challenges for many states, which are being addressed in several states, including Texas and Kansas, through sentencing reform, drug and other specialty courts, and innovative reentry planning.

Other issues like the civil commitment of men and women to the state prison system; the housing of inmates serving sentences up to 30 months in county houses of correction; and the lack of legal authority allowing for the “compassionate release” of terminally ill and infirm inmates, make Massachusetts an anomaly when compared to other states. These unique qualities have exacerbated conditions of crowding in the Commonwealth’s correctional facilities, and contributed to a lack of clarity regarding the respective roles of the State and County correctional systems.

The Governor’s Filed Legislation:

On January 26, 2011 and February 3, 2011, Governor Deval Patrick filed legislation, ‘An Act Relative to Criminal Sentencing’ (House Bill 40) and ‘An Act Reforming Re-Entry and Community Supervision’ (House Bill 42) to provide police and prosecutors tools needed to target and incapacitate violent and repeat offenders while providing better opportunities for re-entry and rehabilitation of offenders. The legislation provides vital tools for reducing recidivism and managing crowded prisons by requiring supervised release of all State prison inmates after they serve their sentence and by permitting movement of inmates, as appropriate, to lower levels of security, work release, and community supervision. The Governor’s proposed legislation includes provisions in the following areas:

- **Elimination of Mandatory Minimum Sentences** for drug crimes in Chapter 94C of the General Laws that do not involve guns or children.
- **Parole Eligibility** after serving $\frac{1}{2}$ of their maximum sentence for inmates already serving mandatory minimum sentences for a drug crime, unless the offense involved violence, dangerous weapons or children, consistent with current state law for county inmates.
- **Maximum Sentences for Violent Repeat Offenders** with two prior felony convictions
- **Parole Ineligibility** for habitual offenders until serving two thirds of the maximum sentence.
- **Mandatory Post-Release Supervision** of all inmates who serve a State prison sentence and are scheduled to be released to the street.
- **Work Release** available for all inmates serving mandatory minimum sentences for drug crimes.
- **Earned Good Time** increasingly available for inmates while incarcerated and upon successfully completing community supervision.
- **Medical release** for prisoners too ill to commit additional crimes.
- **Redefinition of ‘state prison’** will allow the DOC more flexibility in the use of its facilities.



- **Mandated sharing of medical information** among state prisons, houses of correction, and the Department of Mental Health facilities.

Legal Issues Impacting Correctional Bed Space Demand

The legal issues which are the most prominent drivers of bed space demand, whether in numbers or type, in the Commonwealth's jails and prisons can be divided into several broad areas:

1. Sentencing restrictions which require judges to assign mandatory minimum sentences to certain offenses;
2. Statutes and policies that limit effective reentry planning by restricting the "stepping down" or transitioning from higher to lower security levels, or which restrict access to minimum/pre-release/work release status;
3. Legal requirements that call for the separation of certain populations;
4. Statutes which allow for civil commitments of certain populations to the Department of Correction for clinical evaluation and/or treatment;
5. Legal impediments to the ability of the Courts, the Commissioner of Correction or the Sheriffs to house and place inmates in County or State facilities or programs they deem appropriate to meet the inmates' needs while protecting public safety;
6. Statutes and practices which drive the numbers and lengths of stay of pre-trial detainees held in the Commonwealth's lock-ups and jails; and;
7. Statutes and practices which result in an inefficient and outdated pre-arraignment process.

The single greatest "driver" of prison population is sentencing statutes and practices, followed by policies that govern the administration of the correctional system. The following sections highlight some of the laws, guidelines, and policies that have the greatest impact upon the size and profile of the correctional system in Massachusetts:

a) **Sentencing restrictions which require judges to assign mandatory minimum sentences to certain offenses.**

In Massachusetts, as in many other states, the "get tough on crime" trend of the 1980's and 1990's resulted in the enactment of mandatory minimum sentences for certain drug, firearm, "operating under the influence", and violent offenses. These mandatory minimum sentences have required judges to sentence certain offenders for longer periods of time than they might otherwise have, if they were left with more traditional, more discretionary sentencing guidelines. This trend has been strong with respect to drug offenses. According to DOC records, in 1973 drug offenses accounted for 10.6% of its population; today 26% of DOC inmates are incarcerated for drug offenses.

Besides lengthier sentences, an unintended result of removing judicial discretion from the sentencing equation has been that judges, who may have assigned sentences with ranges of several years between the minimum and maximum time to be served, but are constrained to impose a mandatory minimum sentence greater than they would otherwise choose, frequently compensate by meting out a maximum sentence only one day longer



than the mandatory minimum. An unfortunate and inadvertent consequence of this type of sentencing practice is that it effectively prevents offenders from ever achieving eligibility for post-release supervision.

Indeed, the *Final Report of the Governor's Commission on Correction Reform* (2004) (the "Harshbarger Commission" or "Harshbarger Report"), citing the Massachusetts Sentencing Commission, found that 47% of offenders given a state prison sentence in 2002 received a sentence with only a one day difference between the minimum and maximum sentence. This sentencing practice effectively prevents parole eligibility, since the 1993 Truth in Sentencing Act set parole eligibility at the minimum sentence. The one day difference sentencing practice is also a barrier to placement in pre-release, as described in the following section.

In 1994, the Massachusetts Sentencing Commission was established and began to promote uniform sentencing guidelines. Legislation based on the efforts of the Sentencing Commission which has been pending before the Legislature since 1996, would reduce disparities in sentencing while also allowing for discretion on the part of judges.

The Harshbarger Commission noted that over the past few years, numerous task force reports and other publications have addressed the negative impact of mandatory sentencing laws and practices on successful reentry in the Commonwealth, including: *From Cell to Street*; *Boston Bar Association Task Force on Parole and Community Reintegration*; *Parole Practices in Massachusetts and Their Effect on Community Reintegration*; *The Governor's Commission on Criminal Justice Innovation Final Report*; and Crime & Justice Institute, *From Incarceration to Community: A Roadmap to Improving Prisoner Reentry and System Accountability in Massachusetts*.

As mentioned previously, the Governor recently submitted legislative recommendations to the Legislature for consideration and passage. The Governor's package includes provisions eliminating mandatory minimum sentences for drug offenders who do not use guns or involve children, expanding parole eligibility for drug offenders currently serving mandatory minimum sentences, as well as requiring tougher sentences for repeat, violent offenders and mandatory post-release supervision for all offenders released from the State prison system directly to the street. The Governor's proposals signal a commitment on the part of the Executive branch to reforming the criminal justice system, and warrants renewed attention on these issues and speedy passage of the pending bills by the Legislature.

b) Statutes and policies that limit effective reentry planning by restricting the "stepping down" or transitioning out of higher to lower security levels, or which restrict access to minimum/pre-release/work release status.

Many of the sentences which call for mandatory minimum sentences also include express prohibitions on the offender's transition to lower security housing and programs. These statutes specifically prohibit work release or pre-release for the entire mandatory portion of the sentence. Certain DOC policies also restrict inmates' access to work release and/or lower security housing; however, the vast majority of inmates whose placement is influenced by these policies are also affected by the superseding statutory restrictions. In either case, the inability to become parole-eligible coupled with restrictions on inmates' "stepping down" from higher to lower security as their behavior warrants, has created a situation in which inmates are getting released directly from higher custody settings, such as maximum and medium security housing, with no preparation or formal supervision in the community through parole or probation.



Appendix C

As noted in the Harshbarger Report, these statutory restrictions have impeded the vast majority of the DOC population from participating in effective reentry. The Harshbarger Commission classified these statutory impediments into the following areas:

- **Mandatory minimum sentence** - These statutes specifically prohibit pre-release for the entire mandatory portion of the sentence. Mandatory minimum sentences are generally crimes of violence, firearms offenses, drug offenses, and “driving under the influence” offenses.
- **Parole eligibility**- Mass. Gen. Laws ch. 127, § 49 provides that the Commissioner may permit inmates to participate in pre-release programs if they are within 18 months of parole eligibility.
- **Prohibited crimes** - Certain enumerated offenses provide that even once the offender is within 18 months of parole eligibility, he/she is precluded from participation in pre-release programs except upon recommendation of the Superintendent.
- **Work release limits** - Various laws permit work release during the mandatory term of the sentence, only in the custody of an officer, upon recommendation of a Superintendent.

In 2004 and 2007, the DOC Research Division completed comprehensive reports on the numbers of inmates affected by DOC policies and statutory restrictions that restricted their access to work release programs and minimum or pre-release housing. (See, Kohl, Rhiana, Ph. D. *Policy and Statutory Restrictions on Inmate Placement* (MADOC, January 2004); *Statutory Restrictions & Other Sentencing Impacts Report* (MADOC, April 2007)). The DOC reports divided the statutory restrictions into two broader, general categories:

- 1) The time served by an inmate in relation to his/her parole eligibility date; and,
- 2) Mandatory sentencing restrictions associated with the crime or crimes for which they were sentenced.

With regard to inmates’ parole eligibility dates, Mass. Gen. Laws ch. 127, § 49 provides in relevant part that:

The commissioner of correction ... may permit an inmate who has served such a portion of his sentence or sentences that he would be **eligible for parole within eighteen months** to participate in education, training, or employment programs established under section forty-eight outside a correctional facility. (Emphasis added).

Moreover, there are nearly a hundred separate crimes in the Commonwealth which include restrictions to work release or classification to pre-release status; indeed, a snap shot of the DOC population in 2007 showed that **87%** of all DOC inmates or **8,673 individuals** were potentially restricted by either a statutory restriction or the 18-month proximity to parole eligibility restriction. Of the 8,673 restricted inmates, 7,859 were subject to a mandatory statute and 814 were not subject to a mandatory statute, but were not within 18 months of parole eligibility.

The 2007 analysis also showed that 4,466 of all inmates or 45% of the total inmate population on a given day were not yet within 18 months of their parole eligibility dates. Adding the 885 inmates serving first degree life sentences, who, by statute, have no parole eligibility dates, a total of **5,361 inmates** or **54%** of the inmate population were not eligible for parole.



Appendix C

In addition to these statutory restrictions on inmate placement, the Harshbarger Commission found that the Department of Correction had five internal policies that restricted inmate classification and pre-release. Though DOC's analysis revealed that statutory restrictions superseded the internal DOC policy restrictions, the Harshbarger Report stated that as of December 10, 2003, 49% of the inmate population was restricted by one or more DOC policies. In any case, these restrictions are in the following categories:

- Sex offenders are restricted from lower security level facilities until program requirements specific to sex offenders have been met. They are also considered an escape risk because they face civil commitment.
- The Public Safety Security Program requires that any inmate serving a sentence with parole eligibility for Murder in the 2nd Degree, Manslaughter, Mayhem, Armed Assault with Intent to Murder, or a sex offense must have the approval of the Parole Board prior to being classified to a minimum security level facility.
- Members or suspected members of Security Threat Groups are restricted from minimum security unless they agree to renounce their membership in the group and the DOC accepts it.
- The DOC's Security Risk Rating system includes placement restrictions for offenders with certain security ratings.
- Those serving 1st Degree Life sentences without the possibility of parole are restricted from Level 2 (minimum security) or below.

The Harshbarger Report stated that the policies on Public Safety Security Program, Security Threat Groups, and Security Risk Ratings were under review, and an update of their status is pending.

As discussed previously, the Massachusetts Sentencing Commission and several other task forces and special commissions have uniformly recommended sentencing reform to address some of these issues. The Department of Correction has also filed legislation that would remove certain restrictions on the "stepping down" from higher to lower security levels in order to create conditions that support more effective reentry into the community. The recently filed Governor's proposals include legislation that would allow for access to work release programs for drug offenders with the approval of the Commissioner or the Sheriff upon the recommendation of the Superintendent. These legislative bills deserve special focus and timely enactment by the Legislature.

c) Legal requirements that require the separation of certain populations.

A critical tool in the operation of correctional systems is ability to utilize beds and common areas in the most flexible manner possible; that is, to give administrators discretion in determining bed and facility assignments for offenders in their custody. Given that jails and prisons are faced with an influx of men and women with a wide range of precipitating offenses, current behaviors, clinical needs, ages, and physical stature, the broadest degree of flexibility results in the greatest efficiencies. To the extent that the law limits the discretion of administrators by requiring separations of certain populations, there is a corresponding loss in the efficient use of common areas and bed spaces.

In Massachusetts, there are statutes and court decrees, which require separation of certain populations. For example, Mass. Gen. Laws ch. 127, § 22 states that, "[m]ale and female prisoners **shall not be put or kept in the same room** in a jail or house of correction [Emphasis added]. According to the DOC Legal Department, this statute was originally enacted in 1817, and last amended in 1902.

While a literal reading of this section calls for a separation of men and women, this provision was last reviewed over 100 years ago. Additionally, an argument could be made that while this statute may limit the co-housing of men and women, common areas such as dining rooms, medical waiting areas, day rooms, outdoor recreation



space, and gyms are not covered by its restrictions, and that men and women can potentially attend programs, eat meals and wait for clinical appointments in the same areas simultaneously.

A similar statutory provision prohibits housing pre-trial and sentenced populations together. Mass. Gen. Laws ch. 127, § 22 states that, “[p]ersons committed on charge of crime **shall not be confined** with convicts.” [Emphasis added]. Like the statutory prohibition covering men and women, this provision was originally enacted in 1817, and last amended in 1902. A parallel argument can be made that “confined” means “housed together”, and that there is no express prohibition against pre-trial and sentenced populations sharing common areas and participating in programs simultaneously. In addition, the DOC is required by Mass. Gen. Laws ch. 125, § 16 to maintain a “separate awaiting trial unit for females” at MCI Framingham.

Moreover, in certain specialized facilities or units, like Bridgewater State Hospital; the Lemuel Shattuck Hospital; or jail and prison infirmaries or mental health units, pre-trial, sentenced and civil inmates and patients are routinely and necessarily housed together for evaluation and treatment. Clearly, co-locating inmates based on their clinical or security needs, rather than by legal status and gender creates the most responsive and efficient use of space. However, civil commitments to the Massachusetts Alcohol and Substance Abuse Center are required to be “housed and treated separately from convicted criminals”. Mass. Gen. Laws ch. 125, § 35.

At the Treatment Center, civilly committed and criminally sentenced sex offenders must be kept completely separated in their housing and activities, as required by over twenty years of Federal and State Court litigation and oversight of that facility. (See, e.g., Durfee, et al v. Maloney, et al, Suffolk Sup. Ct. CA# SUCV1998-025230B which requires complete separation of the criminal and civil populations, and King v. Greenblatt, 53 F. Supp. 117 (D.Mass. 1999), which authorized assumption of full responsibility for the Treatment Center by DOC in accordance with a DOC Management Plan). Similarly, a 1990 statute requires that treatment center patients “shall at all times remain separate and apart from department of corrections inmates.” St.1990, c. 150, section 104.

In most states, classification decisions for pre-trial and sentenced populations are made utilizing the same objective criteria. While a detainee’s or inmate’s legal status may be one indicator used in a classification determination, the populations typically may be co-housed and use common areas simultaneously. A review of the historical bases for these “separation” statutes in Massachusetts is warranted so that their utility and necessity in today’s correctional environment can be revisited.

d) Statutes and practices which allow for civil commitments of certain populations to the Department of Correction for clinical evaluation and/or treatment.

Adding to the complexity of the challenges facing the Massachusetts correctional system is the fact that the Department of Correction holds several populations, or up to 850 individuals on any given day, which are not traditionally or typically the responsibility of criminal justice systems, let alone correctional agencies. These men and women are transferred by the courts under civil commitment provisions to the Department of Correction for evaluation or treatment for mental health, substance abuse, or sexual disorders.

This misalignment between the “care, custody, and control” charge of the State prisons and the clinical needs of these populations creates unrealistic and untenable expectations of the Department of Correction, and detracts from the core purpose and function of the prison system. Indeed, in most every other state in the country, most, if not all of these individuals would be the responsibility of the state human services sector, in agencies such as the state mental health or public health departments.



The numbers and character of men and women who are transferred to the Massachusetts State prisons under the civil commitment laws are correlated closely with the quality and accessibility of those same services in facilities and community-based programs managed or funded by the Departments of Mental Health and Public Health. For example, in 2002, when nearly half of the State's publicly funded detoxification beds were closed, the number of men and women committed to the Department of Correction for detoxification and treatment increased dramatically.

For many years, various commissions and task forces have questioned the propriety of civilly committing men and women to the State prison system for evaluation and treatment of substance abuse and mental illness. With regard to civilly committed sex offenders, their status is complicated by a long and complex history of Federal and State Court oversight. Nonetheless, a review of the clinical and security needs of these populations and a transfer of responsibility for some or all of them from the Department of Correction to the Departments of Public Health and Mental Health is long overdue.

e) Legal impediments to the ability of the Courts, the Commissioner of Correction or the Sheriffs to house and place inmates in County or State facilities or programs they deem appropriate to meet the inmates' needs while protecting public safety.

In most other states, only pre-trial detainees and those inmates serving sentences of less than twelve months are housed within County or local correctional systems. In Massachusetts, the County correctional system is responsible for the incarceration of offenders serving up to 30 month sentences. This sentencing structure may serve to keep close to home more offenders other jurisdictions; however, it also creates a system of overlapping responsibilities and a lack of clarity regarding the respective roles of the State and County correctional systems.

While it is possible for the Courts to sentence offenders to DOC for sentences under 30 months, this type of short sentence is relatively rare. Further review of current sentencing practices as well as the implications and feasibility of changing them is needed to make certain that any recommended changes do not result in "sentencing up"; that is, having judges sentence more harshly than they otherwise would in order to achieve the desired outcome. Moreover, there are certain crimes for which either a House of Correction or State prison sentence can be given and ones that can only result in one or the other. It may therefore be necessary to review each crime in order to determine which ones would require statutory revision in order to effect this change.

In any case, a review and revision of the definitions of "felony" and "misdemeanor" will most probably be required since Mass. Gen. Laws ch. 274, § 1 states that, "a crime punishable by...imprisonment in the state prison is a felony. All other crimes are misdemeanors". A review of how other jurisdictions define these terms is warranted, as it would be an unintended and decidedly unwanted consequence of this recommendation to have misdemeanants made into felons just to achieve a more typical and rational split between the responsibilities of the State and County correctional systems.

Finally, Mass. Gen. Laws ch. 279, § 23 limits the maximum sentence of male offenders to a jail or house of correction to two and one half years; clearly, an amendment of this statute to make the maximum County sentence one year would be necessary in order to have the Commonwealth come more in line with other jurisdictions and more clearly defining the responsibilities of the State and County correctional systems.

With regard to the Commissioner's and Sheriffs' ability to place inmates in their custody wherever they deem appropriate, it is DOC's position that courts can only commit to DOC custody and not to a specific facility; it is within the Commissioner's authority to determine where an inmate should be housed. See Mass. Gen. Laws ch. 127, § 20 (providing for the classification of state prisoners). The recent Supreme Judicial Court case out of



Appendix C

Middlesex County supports this position on behalf of the Sheriffs by authorizing Sheriffs to set conditions of confinement for House of Correction inmates as they deem appropriate, subject to mandatory sentences and other legislative restrictions. This case upheld home confinement of an inmate with GPS placement by the Middlesex County Sheriff (See, Commonwealth v. Donohue (SJC 10159, August 22, 2008)). Commonwealth v. MacDougall, 447 Mass. 505, 852 N.E.2d 1080 (2006)) suggests inmate transfers can be done among and between DOC and Sheriffs.

Furthermore, recently enacted legislation, Mass. Gen. Laws ch. 127, § 20B inserted by Chapter 256 of Acts of 2010 authorizes the Commissioner of Correction, in the case of pretrial women held at MCI Framingham, and Sheriffs to classify detainees, with exceptions for certain offenses, for eligibility for a pretrial diversion program which includes electronic monitoring.

Additionally, Massachusetts is one of a handful of states that have no express legal authority for the early or “compassionate release” of terminally ill or infirm inmates. Executive Clemency Guidelines do allow the Governor to commute an offender’s sentence, if... “the petitioner is suffering from a terminal illness or severe and chronic disability, which has been verified by a licensed medical doctor that would be substantially mitigated by release from prison”. However, since executive clemency is viewed as extraordinary relief and is rarely invoked, it would be preferable and more practical to have a new statutory scheme allowing for compassionate release.

f) Statutes and practices which drive the numbers and lengths of stay of pre-trial detainees held in the Commonwealth’s lock-ups and jails.

Massachusetts is unusual in that there is no centralized pre-trial authority to set standards and create programs to divert non-violent offenders from being detained prior to trial. While the Probation Department has pre-trial supervision responsibilities, and there are several high quality alternative-to-incarceration programs and drug/mental health courts or special sessions, these programs largely depend on the innovation of individuals, and are not funded or managed centrally or uniformly.

The feasibility of establishing a centralized pre-trial authority should be explored in order to uniformly and more effectively provide alternatives to incarceration for larger numbers of pre-trial detainees. In fact, the Governor’s filed legislation, House Bill 42, proposes the consolidation of the parole and probation functions into the Department of Re-entry and Community Supervision in order to provide for a more coordinated and consistent evidence-based assessment and supervision of all defendants and offenders across the State.

g) Statutes and practices which result in an inefficient and outdated pre-arraignment process.

With regard to pre-arraignment services, the Commonwealth maintains 303 lock-ups in all municipalities of more than 5,000 people, many of which are in various states of disrepair. In certain counties, informal arrangements have resulted in the county jail maintaining responsibility for pre-arraignment men and women. The financial and operational costs of maintaining so many lock-ups throughout the Commonwealth are significant. Moreover, with no night court sessions; a requirement that the court of original jurisdiction hear the arraignment; virtually no use of video arraignments; and no requirement that arrestees be arraigned within 24 hours, men and women are spending more time detained pending arraignment than they might in other jurisdictions. The bail system, while moving people out of custody effectively, could do so much more efficiently with the use of credit cards rather than cash, the acceptance of electronic rather than original signatures, and access to bail bondsmen 24 hours a day, seven days a week.



Appendix C

A review of pre-arraignment and bail practices and their legal bases which is included in Volume II of this report can be used as a starting point from which to assess the desirability and feasibility of adopting these proposed changes to the end of a more efficient and seamless pre-arraignment process.



The Corrections Master Plan
The Final Report

Appendix D
Existing Modular Facilities



Appendix D – Existing Wood Modular Facilities

MODULAR WOOD STRUCTURES									
FACILITY	HOUSING					SUPPORT FUNCTIONS			
	NUMBER OF BEDS	DESCRIPTION	GSF	CONDITION *	TYPE 2 (AGE)	DESCRIPTION	GSF	CONDITION	TYPE 2 (AGE)
DOC FACILITY									
BAY STATE CORR FAC	152	Modular Housing/CAMIS Bldg #PB15	74496	Good	x (1990)	Gate Building/CAMIS Bldg #PB02	11,312	Good	x (1990)
CAMIS Site # DOC07	--	--	--	--	--	Vistor Building/CAMIS Bldg #PB20	6,972	Good	x (1990)
BRIDGEWATER STATE HOSPITAL	--	--	--	--	--	Building #1/CAMIS Bldg #PB51 Mod A & Mod B (Admin/Records)	22,400	Poor	x (1989)
CAMIS Site # DOC15	--	--	--	--	--	Building #10/CAMIS Bldg #PB52 (Admin/Programming)	9,384	Poor	x (1989)
	--	--	--	--	--	Building #5 Modular Bldg/CAMIS Bldg #PB58 (Programming)	6,480	Poor	x (1989)
MCI-CONCORD	140	Modular Unit #2/CAMIS Bldg #PB03	16600	Poor	x (1996)	--	--	--	--
CAMIS Site # DOC03									
MCI-FRAMINGHAM	172	Modular Unit #15/CAMIS Bldg #0301	10000	Good	x (1989)	--	--	--	--
CAMIS Site # DOC05	130	Brewster/CAMIS Bldg #9102	16560	Good	x (1981)				
MCI-NORFOLK	104	Probation Housing Unit/CAMIS Bldg #PB61 & PB62	9840	Fair	x (1980)	--	--	--	--
CAMIS Site # DOC08									
MCI-SHIRLEY (MINIMUM)	50	Modular Building #13/CAMIS Bldg #9301	16400	Fair	x (1986)	--	--	--	--
CAMIS Site # DOC24									
MCI-SHIRLEY (MEDIUM)	--	--	--	--	--	Programs building/CAMIS Bldg #PB17	11,616	Fair	x (1990)
CAMIS Site # DOC24	--	--	--	--	--	Food Services/CAMIS Bldg #PB09 (Building #3)	18,082	Poor	x (1990)
	--	--	--	--	--	Aministration Medium Security/CAMIS Bldg #PB02 (Building #1)	12,894	Poor	x (1990)
	--	--	--	--	--	Health Services Unit/CAMIS Bldg #PB15 (Building #6)	19,410	Poor	x (1990)
NORTH CENTRAL CORR INSTITUTE	104	I Building has 104 beds dormitory (Moved to site)/CAMIS Bldg #7774	8520	Good	x (1980)	--	--	--	--
CAMIS Site # DOC06									
NORTHEASTERN CORR CTR	--	--	--	--	--	O.U.S. Building #3 (Program Building, moved to site)/CAMIS Bldg	2,880	Good	x (1996)
CAMIS Site # DOC04									
OLD COLONY CORR CTR (MIN)	160	Minimun Unit A & B/Building #55/CAMIS Bldg #PBA9	18312	Good	x (late 1980's)	--	--	--	--
CAMIS Site # DOC16	50	Min Unit C/Bldg #25 (Admin/Visiting reno. 2006)/CAMIS Bldg #PB88	14175	Fair	x (late 1980's)	--	--	--	--
SHERIFF FACILITY									
DUKES COUNTY	16	???	???	???	???	--	--	--	--
CAMIS Site # SDD00									
HAMPSHIRE COUNTY	100	Leased	???	Marginal	x (1987)	Caning Shop (Leased)	1,428	Good	x (1987)
CAMIS Site # HSD00									
Worcester County	--	--	--	--	--	Health & Food ("New" Programs) Building/CAMIS Bldg #PB14	26,428	Poor	x (1990)
CAMIS Site # SDW00						Modular Library	20,978	Failed	x (1990)
						Visitors/Modular Building / CAMIS Bldg # PB16	5,500	Fair	x (1990)
						Modular Administration / CAMIS Bldg # PB17	14,921	Good	x (1990)

FOOTNOTE

* = Useful Life Remaining with Normal Maintenance

Good 7 - 10 years

Fair 4 - 6 Years

Poor 1 - 3 Years